



CNLP APPLICATION

(TO BE COMPLETED BY APPLICANT; Please type or print ALL information)

Part 1. APPLICANT INFORMATION

NAME of APPLICANT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

Part 2. EMPLOYMENT INFORMATION

FIRM/EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

I am: the owner; a partner; a corporate officer; a full-time employee of the above firm

Name of owner, partner, or a corporate officer if other than the applicant: _____

I prefer all CNLP information be mailed to my home; my employer's address

Part 3. REQUIREMENTS OF CNLP PROGRAM

Please which of the following three options apply to the applicant of this CNLP application:

- A. I have a degree in horticulture and three (3) years experience in the landscape-nursery-garden center industry. I am exempt from taking the CNLP course and am eligible to take the CNLP exam.(Complete Employment Verification Form on reverse side and attach copy of diploma, grade transcript, etc.)
- B. I have ten (10) years experience in the industry. I am exempt from taking the CNLP course and am eligible to take the CNLP exam.(Complete Employment Verification Form on reverse side)
- C. I can not check A or B so I am required and will take the CNLP training course; I understand information on the course will be mailed to me.

In submitting this application, I understand that granting of CNLP status is contingent upon execution of all necessary documents, payment of applicable fees, and satisfactory completion of the CNLP examination. I further understand, and by my signature, I subscribe to the CNLP rules and requirements of the CNLP Program, and pledge to adhere to the CNLP Rules and Conditions. I understand that upon becoming a CNLP, I must adhere to the re-certification fees and requirements. I hereby grant permission and authority to the New Jersey Nursery & Landscape Association, Inc. to make any and all inquiries necessary to verify the information provided on this application.

Part 4. PAYMENT INFORMATION

CNLP Application Fee is \$50 for NJNLA members and employees; and \$100 for non-NJNLA members and employees. Make checks payable to "NJNLA" and mail all materials to:

NJNLA, 605 Farnsworth Avenue, Bordentown, NJ 08505

Check Number: _____

Credit Card: Visa/MC _____ Exp. Date: _____

3 Digit Security Code: _____ Billing Zip Code: _____

Applicant's Signature: _____

I give NJNLA permission to provide information about my exam grade to my employer upon request: Y N
1/09 (Over, please)

**NEW JERSEY NURSERY & LANDSCAPE ASSOCIATION, INC.
CERTIFIED NURSERY LANDSCAPE PROFESSIONAL PROGRAM
RULES AND CONDITIONS AGREEMENT**

◆ I hereby agree to and subscribe to the following Rules & Conditions of the New Jersey Nursery & Landscape Association, Inc.'s Certified Nursery Landscape Professional Program.

◆ I will promote the highest degree of ethical standards in my conduct and in my occupation as a nursery-landscape professional.

◆ I will make continued efforts to expand my knowledge of the nursery-landscape industry and to improve my skills as a nursery-landscape professional.

◆ I fully understand that certification is limited to a stated time period and must be renewed by meeting the renewal requirements. Should I fail to comply with these requirements, I understand that the CNLP Committee may revoke my CNLP status or it may automatically be revoked at the end of the time period for which it was issued.

◆ I may use the CNLP designation with my name, on my business letterhead, and on my business cards. I further understand that certification is for **individuals only**, and that the CNLP designation may not be used to imply that a business or firm is certified or accredited.

◆ I agree that should my certification status be revoked for whatever reason, I will remove any distinguishing emblems or titles which may imply that I am a NJNLA Certified Nursery Landscape Professional.

◆ I fully understand that CNLP status is granted by the New Jersey Nursery and Landscape Association, Inc. as recognition of knowledge and competence for those who voluntarily qualify. I further understand that CNLP status is in no way mandatory and may be granted, refused, or revoked at the discretion of the CNLP Committee in accordance with rules and requirements of the NJNLA Certified Nursery Landscape Professional Program.

✍ Applicant's Signature: _____ Date: _____

EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY EMPLOYER (Please type or print all information). (Copy this form for multiple employers)

If you are a full-time employee of the firm listed on the application on the reverse side, your employment with that firm must be verified by the owner, partner, or a corporate officer of the firm. Please have your employer complete this section. FURTHER, if you are taking the CNLP Educational Training Course, you must have at least 2,500 hours of work experience in the landscape-nursery industry over the immediate past five years; this employment must also be verified using this form.

I certify that _____ is a full-time employee of my firm and has been employed

From ____ / ____ / ____ to ____ / ____ / ____ . Average current hours per week: _____

Total hours worked over past five (5) years: _____

His/Her current position and/or job title is: _____

Name of Firm: _____

✍ Employer's Signature: _____ Date: _____

Employer's Title: _____

NOTE: If there is not sufficient space on this form to provide the required verification information, please photocopy this form on separate sheet.

MAIL ALL MATERIALS TO: NJNLA, 605 Farnsworth Avenue, Bordentown, NJ 08505