



EXAM APPLICATION

FNGLA CERTIFIED LANDSCAPE MAINTENANCE TECHNICIAN (FCLMT)

(Only applicants for FNGLA's Certified Landscape Maintenance Technician may complete this application. Please print or type. You must hold either the FNGLA Certified Horticulture Professional – FCHP or the Best Management Practices – GI-BMP in order to sit for the FCLMT exam.)

Legal Name _____

Preferred Name _____

Home Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____

Employer/Company Name _____

Job Title _____ How Long? _____

Company Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

E-mail _____ Website _____

FNGLA Member? Yes No Member Co. Name _____

Exam Fees:	Member	Non-Member
<input type="checkbox"/> FNGLA Certified Landscape Maintenance Technician	\$200	\$350

Payment:

My check for \$_____ is enclosed and made payable to FNGLA.

Please charge my payment of \$_____ to: VISA MC Discover

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

Card Billing Address _____

Exam Location:

I will take the exam at the following location:

___ SeaWorld Horticulture, Orlando, FL ___ Atlantis Resorts, Nassau, Bahamas

___ I verify that I have completed either the FCHP certification, or the GI-BMP certificate.

Deadline: Your completed application, along with full payment, must be received by FNGLA no later than 30 days prior to the exam.

Refunds: In the event you are unable to take the exam, you must cancel your registration at least 10 working days prior to the test date to receive a refund, less a 10% filing fee. No refunds after that date. Exam fees may be transferred, one time only, to the next scheduled test date, if notice is made prior to cancellation deadline. No-shows will not be refunded.

Americans with Disabilities Act: It is the intent of the Florida Nursery, Growers & Landscape Association (FNGLA) to comply with the Americans with Disabilities Act. If you require special accommodations to fully participate in this certification exam, please make FNGLA aware of your needs, with the necessary documentation.

Please mail completed application, full payment, and any required documentation to:
FNGLA, 1533 Park Center Drive, Orlando, FL 32835
Fax: 407-295-1619 or e-mail mmott@fn gla.org

FNGLA’s industry certification programs are voluntary and not required by law to do business in Florida. FCHP, FCLT, FCLMT, FCLC and FCLD are administered by the Florida Nursery, Growers & Landscape Association, Inc., Orlando, Fla.

CODE OF ETHICS / STANDARDS OF PRACTICE

(Please read and sign the following statement.)

As a certified industry professional, through the Florida Nursery, Growers & Landscape Association, I hereby agree to abide by the following Code of Ethics.

1. I will promote the highest ethical standards in the conduct of my horticultural work and myself.
2. I will diligently make efforts to improve my knowledge, skills and the industry by continuing my professional education and exchanging knowledge with colleagues.
3. I will be truthful in oral and written statements concerning the services I am qualified to offer.
4. I will protect the environment and discourage damage to our natural resources.
5. I will refrain from expressing an uninformed opinion on any issues relating to my profession.
6. I will utilize my personal knowledge and skills for the greatest good of my clients, the industry and the environment, in a manner that will further the status of the nursery and landscape industry as a respected profession.
7. I understand that upon being certified, I will be entitled to be called an FNGLA Certified Industry Professional and may use the initials of my certification and display its name and logos.
8. I understand that should my certification expire or be revoked, I will not display any distinguishing logos or titles or imply or publicize that I am certified.
9. I understand I am responsible for providing FNGLA with proof of my Continuing Education Units (CEUs) for renewal prior to expiration.
10. I understand I must notify FNGLA of any changes in the place of my employment or my home address.

X _____

Liability Release Form & Professional Agreement for Landscape Certifications Field Exams

Due to the rigorous nature of this exam, FNGLA recommends getting your physician’s approval before participating. The exam consists of hands-on work stations and is physically demanding.

I agree to conduct myself in a professional manner throughout the entire exam and will direct comments and concerns to the appropriate FNGLA representatives. I release the Florida Nursery, Growers & Landscape Association, Inc., and the exam site host of any liability resulting from injury to myself as a result of participation in the FNGLA Certified Landscape Contractor, Designer, Technician or Maintenance Technician programs.

X _____