

Please Print Clearly

Name: _____ List Certifications: _____

Company Name: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Certification Testing Dates: Please indicate your test date preference.

Note: Judge Orientation and Test Set Up are Compulsory

Judges Orientation & Test Set Up Dates: Time to be determined

- April 3 - Fanshawe College, London
- August 12 - Landscape Ontario, Milton
- September 25 - Kemptville College, Kemptville
- October 24 - Ridgetown College, Chatham-Kent

Hands-On Test Dates

- April 4 - Fanshawe College, Cuddy Gardens, Strathroy
- August 13 - Landscape Ontario, Milton
- September 26 - Kemptville College, Kemptville
- October 25 - Ridgetown College, Chatham-Kent

First Aid: _____

I am First Aid Certified (Level): Date Certified: Expiry:

Allergies: _____

Dietary Restrictions: _____

Please select below what section(s) you would be interested in judging:
 (Keep in mind you may be asked to judge a section that you have not selected)

Technician Sections:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Power Blower | <input type="checkbox"/> Skid Steer | <input type="checkbox"/> Lateral Repair & Head Adjustment | <input type="checkbox"/> Aerator |
| <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Grading & Drainage | <input type="checkbox"/> Basic Program Controller | <input type="checkbox"/> Turf Fertilizer |
| <input type="checkbox"/> Tree Planting & Staking | <input type="checkbox"/> Pruning | <input type="checkbox"/> Instrument | <input type="checkbox"/> Edger & Trimmer |
| <input type="checkbox"/> Rototiller | <input type="checkbox"/> Paver Installation | <input type="checkbox"/> 21" Mower | <input type="checkbox"/> Riding Mower |
| <input type="checkbox"/> Sod Installation | <input type="checkbox"/> Plant Layout | <input type="checkbox"/> Int. Walk Behind Mower | <input type="checkbox"/> Plant Identification |

CEU's towards Recertification
 Serv1 CLT/CHT test Judge or JTA participation on
 test day
 .5 CEU per hour on site. Credit is extended to test
 day only.
 Documentation required: Documentation of
 participation from licensee with date/location of test

Please return completed form to:
 Landscape Ontario
 Attn: Certification Coordinator
 7856 Fifth Line S, R.R. #4
 Milton, ON
 Phone: 1-800-265-5656 x2326
 Fax: 905-875-3942
certification@landscapeontario.com