Idaho Nursery & Landscape Association
Certified Nursery Professional
Test Application

Date of Application_____

Applicant's Name_____

Number of years worked in industry _____

Currently employed at _____

Home Address_____

City_____State_____Zip_____

Home telephone number_____

Local newspaper you would like contacted upon passing_____

Testing Fee

INLA member (1st time)	$35.00	_____
(2nd attempt same year)	$20.00	_____
Non-member	$135.00	_____
Total enclosed (or paid with credit card)		_____

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Credit card number

Mail completed application and send with check to:

Idaho Nursery & Landscape Association
P. O. Box 2065
Idaho Falls, ID 83403 **or fax to (208) 529-0832**

The Certified Nursery Professional manual is the official training book for this exam. It can be acquired through the office by calling 1-800-462-4769.

FOR OFFICE USE ONLY

Amount paid_____ Check #_____

Written Test Score_____ Plant ID Score_____

Certification No._____