



CERTIFIED PLANT PROFESSIONAL (CPP) EXAM APPLICATION & MANUAL ORDER FORM

Eligibility requirements and complete details for the CPP program are available from the MNLA website, www.plantingmontana.com, or upon request from MNLA. Submission of this application indicates that you have read and understand the CPP requirements, limitations, and any related rules. **Deadline for exam application is fifteen (15) working days prior to the exam date.** Refer to the MNLA website for current exam dates and locations.

Requested Exam Date & Location (see website or publication): _____

Applicant's Full Name: _____

Number of Years Worked in Industry in Idaho or Montana: _____
(Note that you must have worked in the industry at least 1 year in order to be eligible to take the exam.)

Company/Employer's Name: _____

Business Telephone: (_____) _____ Home Telephone (_____) _____

Home Address: _____

City _____ State _____ ZIP _____

E-mail address: _____

Registration confirmations are typically sent to applicants, along with instructions, **approximately one week** prior to the exam. These may be sent via e-mail or regular USPS mail. If you do not receive a confirmation, it is recommended that you contact the MNLA office at **406.755.3079** to make sure your application was received.

Application Fees (check all that apply)

	MNLA Member*	Non-Member
Written exam segment	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Plant ID segment	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Certification Manual Purchase	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200

* for 5 or more Member test takers from the same organization, the cost is \$25 per segment. Payment for all test takers must be made at the same time.

TOTAL DUE: _____

Shipping information

Company Name _____ Contact Person: _____

Shipping address: _____ Phone number (in case we have a question): _____

City _____ State _____ ZIP _____

Payment Information: Check VISA MasterCard

Name on Credit Card _____ Card # _____

Signature _____ Expiration date: _____ (mo./yr.) CVV _____

Billing address _____

City _____ State _____ ZIP _____

Payment by check **payable to** Montana Nursery & Landscape Association **Mail to:** MNLA PO Box 20353, Billings, Montana 59104-0353
Fax credit card orders: **406.633.2032**