

Colorado Nursery & Greenhouse Association Certification Examination Application

Exam applying for:	Certified Greenhouse Grower (CGG) _	Colorado Certified Nursery Professional (CCNP)
	New Mexico Certified Nurser	y Professional (NMCNP)
This Exam Applica	ation form must be completed and retu will be awarded, regardless	rned to the CNGA office before your certification of test scores.
NAME:		PHONE:
Name (as you would like it to	appear on your badge and certificate):	
E-MAIL:		
Home Address:		
CITY:	STA	TE:
CURRENT EMPLOYER:		
COMPANY ADDRESS:		
CITY/STATE/ZIP:		Phone:
	e applicant and not the company you are on purposes. We will not use this informat	employed by, you must provide your home mailing tion for any other reason.
center, greenhouse, cor	ntractor, or allied industry to begin the cer RE FROM EACH EMPLOYER IS REQUIRED.	a Colorado or New Mexico licensed nursery, garden tification process. You need only account for 2000 Use a separate sheet of paper if more space is
EMPLOYER:	Емг	PLOYER:
Address:	Add	DRESS:
DATES OF EMPLOYMENT:	Dat	TES OF EMPLOYMENT:
EMPLOYER SIGNATURE:	EM	PLOYER SIGNATURE:
EMPLOYER:	Емг	PLOYER:
Address:	Add	DRESS:
DATES OF EMPLOYMENT:	Dat	res of Employment:
EMPLOYER SIGNATURE:	EM	PLOYER SIGNATURE:

To qualify for certified status, I authorize the Colorado Nursery & Greenhouse Association to verify the employment information provided above. I understand that if any information given is inaccurate, it may lead to revocation of my certification.

This acceptance contract must be signed by applicant before consideration for certification will be honored by the Colorado Nursery & Greenhouse Association Certification Committees.

As a Certified Greenhouse Grower (CGG), Colorado Certified Nursery Professional (CCNP), or New Mexico Certified Nursery Professional (NMCNP), I agree to the following conditions:

- 1. I will abide by the current rules and regulations and any future additions or changes as adopted by the Colorado Nursery & Greenhouse Association (CNGA) Certification Committees.
- I will promote the highest ethical standards in my conduct as well as the conduct I portray at the 2. greenhouse or nursery of my employment.
- 3. I will make continued efforts to learn more about greenhouse or nursery products and improve my skills at all levels.
- I understand that my certification, should it be granted, will be valid for a period of **THREE YEARS**. 4. During those years I must attend at least three CNGA sponsored seminars/functions and work at least 2000 hours and pay a recertification fee. Should I fail to comply with these or future requirements, I understand that the CNGA Certification Committee may revoke my certification.
- 5. I agree that should my certification ever be revoked because of non-payment or failure to re-certify that I will not display any distinguishing emblems, titles or in any way imply or publicize that I am certified.
- I understand that the Colorado Greenhouse Grower (CGG), the Colorado Certified Nursery 6. Professional (CCNP), and the New Mexico Certified Nursery Professional (NMCNP) status is granted by the CNGA Certification Committees as recognition for those greenhouse and nursery professionals who voluntarily qualify. CGG, CCNP, and NMCNP status is in no way mandatory and may be granted, refused or revoked at the discretion of the Committee. Upon certification, I am entitled to be called a Certified Greenhouse Grower, a Colorado Certified Nursery Professional, or a New Mexico Certified Nursery Professional and may use the initials "CGG", "CCNP", or "NMCNP" behind my name and may display the CGG, CCNP, or NMCNP emblems in all forms.
- 7. I understand that it is my responsibility to notify the CNGA office if I move or change employers, and that failure to do so may result in the lapse of my certification.

In making this request for certification, I agree to all of the requirements on this sheet with no reservations (please read the requirements before signing below).

SIGNATURE OF APPLICANT:	Date:
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Mailing List

Certification Database

Certification #

Certification Type:

Badge Issued