

# Virginia Certified Horticulturist Application



Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Select the location and  
2010 date you will take the test:**

*(Test Registration Deadline is 2 weeks prior to the test date)*

\_\_\_ Charlottesville, Saturday, November 13, **(Deadline 10/29/10)**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current VNLA Employer:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Your Name as to appear on Certification Badge (**max.22 characters/spaces**) \_\_\_\_\_

Your Company Name as to appear on Badge (**max.22 characters/spaces**) \_\_\_\_\_

**Complete the information on the back of this page.**

## Below for Office Use Only

Graded by: \_\_\_\_\_ Test Score: \_\_\_\_\_ Certification # \_\_\_\_\_

Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_ Test Proctor: \_\_\_\_\_

Ofc. Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered NOAH \_\_\_\_/\_\_\_\_/\_\_\_\_

Results Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ Badge Sent \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

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# *Virginia Nursery & Landscape Association*

## **CERTIFICATION CONTRACT**

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**AS A CERTIFIED HORTICULTURIST IN THE COMMONWEALTH OF VIRGINIA,  
I HEREBY AGREE TO THE FOLLOWING CONDITIONS, TO WIT:**

1. I will abide by all present and any future additions or changes in rules and regulations, adopted by the Certification Board, a subsidiary group sponsored by the Virginia Nursery & Landscape Association.
  2. I will promote the highest ethical standards in the conduct of my nursery work and myself.
  3. I will make continued efforts to learn more about nursery products and improve my skills as a nursery salesperson.
  4. I understand and agree that my certification is limited to a stated time period and must be renewed every three years on terms and conditions prescribed by the Virginia Nursery & Landscape Association Certification Board. Failure on my part to comply with stated requirements will automatically revoke my certification.
  5. I agree that should my certification ever be revoked for whatever reason, I will not display any distinguishing emblems, titles, list myself as a **Virginia Certified Horticulturist** in newspapers, yellow pages, websites or any other media, or in any manner to whatsoever imply that I am so certified.
  6. I understand and agree that my **Virginia Certified Horticulturist** status is granted by the nursery industry as recognition of knowledge and achievement and is in no way mandatory and may be granted or refused or revoked at the discretion of the Virginia Nursery & Landscape Association Certification Board. I further understand and agree that my **Virginia Certified Horticulturist** status may be used by me **only, while I am employed by a current member of the Virginia Nursery & Landscape Association.**
- I ACCEPT my **Virginia Certified Horticulturist** status with no reservations and may use such designation as long as I am in compliance with the above statements and conditions.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Applicant's signature)*

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### **EMPLOYMENT VERIFICATION**

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*(to be completed by employer only)*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that the work experience contained in this application is true and correct, and that I am a VNLA member in good standing.

*VNLA Member Firm Name*

*Employer Signature Title*

(You can pay online at [www.shop.vnla.org](http://www.shop.vnla.org) but you **MUST** complete, sign and mail or fax this form to the VNLA Office.)

**Mail or fax to Virginia Nursery & Landscape Association**  
383 Coal Hollow Rd  
Christiansburg, VA 24073-6721

Phone 1-800-476-0055  
FAX: 540-382-2716  
[VCH@VNLA.org](mailto:VCH@VNLA.org)

<b>Test Fee</b> <b>\$55.00</b>
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Pay with Credit Card: \_\_\_ VISA      \_\_\_ MasterCard      \_\_\_ Discovercard      \_\_\_ American Express

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Card Verification # (the number on back of card)** \_\_\_\_\_      Payment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_      Amount Paid      **\$55.00** \_\_\_\_\_

Print the Name on Credit Card \_\_\_\_\_      Check Number \_\_\_\_\_