



# 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](http://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"/> \$30	<input type="checkbox"/> \$90
Plant ID segment	<input type="checkbox"/> \$30	<input type="checkbox"/> \$90
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 215, Park City, Montana 59063-0215  
**Fax** credit card orders: **406.633.2032**