



CERTIFIED PLANT PROFESSIONAL (CPP) RENEWAL APPLICATION

Name: _____

Home Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ Evening Phone: _____

E-mail address: _____ Current employer: _____

Signature of Applicant: _____

A total of 25 points are required for certification renewal. Please use the following coding system for educational categories:

- | | |
|------|---|
| Code | Category |
| 1 | Successfully passed MNLA plant identification examination again |
| 2 | Convention seminars |
| 3 | Community outreach |
| 4 | Mentoring certification students |

Category Code	Date	Description of Activity	Points
		<i>TOTAL POINTS</i> <i>(must equal or exceed 25)</i>	

Mail to: Montana Nursery & Landscape Association
PO Box 215
Park City, Montana 59063-0215
or Fax 406.633.2032

Questions?

406.755.3079