



Certified Green Industry Professional Application

Please complete all information below:

Name _____

Please check the box to indicate the address you prefer your CGIP correspondence be sent to:

Home Address _____
City _____ State _____ Zip _____
Home or Cell Phone _____ Email _____

Employer _____
Business Address _____
City _____ State _____ Zip _____
Work Phone _____ Fax _____ Email _____

Education: (if applicable)

College/University attended _____ Years completed _____
Degree/Major subject _____ Year graduated _____

Green Industry Employment Experience:

Total industry employment must exceed 2,000 hours. Please list current and former employer(s) below (use an additional sheet if necessary):

Firm Name	Contact Name	Telephone #	Dates/hours worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check the box to indicate the CGIP Specialty you are applying for:

- Michigan Certified Nurseryman**
- Michigan Certified Garden Retailer**
- Michigan Certified Landscape Contractor** — if you are certified through PLANET, please submit a copy of your certification (you will be exempt from this Specialty portion of the CGIP exam)
- Michigan Certified Landscape Manager** — if you are certified through PLANET, please submit a copy of your certification (you will be exempt from this Specialty portion of the CGIP exam)
- Michigan Certified Landscape Designer** — please submit a brief description of your design experience background and an original design you have completed; if you are certified through APLD, please submit a copy of your certification (you will be exempt from this Specialty portion of the CGIP exam)

This is a required application for the status of Certified Green Industry Professional. This application, your test, and required forms become the property of Michigan Nursery and Landscape Association and will remain confidential. I certify that the information given on this application is true and correct, and I hereby authorize the Certified Green Industry Professional Committee to verify my employment experience with the employer(s) listed above.

Applicant's Signature

Date

Please return this completed form with your CGIP exam registration form to:

Attn: CGIP Certification Office • 2149 Commons Parkway • Okemos, MI 48864

