

Exam Application and Registration Form

This form only needs to be filled out by NEW CGIPs. If you are already a CGIP, or are retaking an exam, please only fill out the Registration Form.

Applicant Information This information will be used for all y	our CGIP correspondence.
Name:	
Employer:	
Address:	
City:	
Phone:	Email:
Check the box that applies:	ess.
profess	reen industry employment must exceed 2,000 hours. (2,000 hours of sional landscape design experience for LD Exam.) Please list current and employer(s) below (use an additional sheet if necessary):
Firm Name Co	ntact Name Phone Number Dates/Hours Worked
CGIP Specialty Preference Please check the box to indice Michigan Certified Nurseryman (N) Michigan Certified Garden Retailer (GR) Michigan Certified Landscape Designer (LD) 2,000 hours of professional landscape design experience must be demonstrated prior to taking the CGIP exam. Proof of design ability is required in the form of 3 representative work samples. See "Prerequisite Guide" for submission requirements. If you are certified through APLD, please submit a copy of your certification (you will be	Michigan Certified Landscape Contractor (LC) If you are certified through NALP, please submit a copy of your certification (you will be exempt from this Specialty portion of the CGIP exam). Michigan Certified Landscape Manager (LM) If you are certified through NALP, please submit a copy of your certification (you will be exempt from this Specialty portion of the
required forms become the property of Michigan Nursery I certify that the information given on this application is true Industry Professional Committee to verify my employmen	ue and correct, and I hereby authorize the Certified Green it experience with the employer(s) listed above.
Signature of Applicant	Date
Registration Form Each CGIP Exam costs \$25 for MNLA M Note: The Core Exam plus a Specialty E	
Exam Date: Exams To Be Taken:	Core + N GR LD LC LM
Total: Check Enclosed - Check #:	Visa Discover AMEX MC
Card #:	Expiration Date: CVC:
Cardholder's Name:	Signature:



Registration Form

Only fill this form out if you are already a CGIP, or are retaking an exam. All new CGIPs must fill out the Exam Application and Registration Form.

CGIP Contact Inform	ation Update This infor	mation will be used f	or all your CGIF	correspondence.			
Name:				CGIP#:			
Employer:							
City:			_ State:	Zip Code	e:		
Phone:			Email:				
Check the box that applies	: This is my home	address.		This is my b	ousiness addre	ess.	
	this box if applying for Michigan	2,000 hours of pro	fessional landso	cape design experie	nce for LD Exam.	Please	
Firm N	ame	list current and form) below (use an add one Number			
	ment information given about ional Committee to verify m					re.	
Signature of Applicant		Date					
Danistastias Fassa	Each CGIP Exam costs \$25 for MI Note: The Core Exam plus a Spec						
Exams To Be Taken:	ken: Core (Retake) Michigan Certified Nurseryman Michigan Certified Garden Retailer		☐ Michigan Certified Landscape Manager ☐ Michigan Certified Landscape Contractor ☐ Michigan Certified Landscape Designer				
Exam Date:			Additional	requirements apply	. See "Prerequisite	e Guide"	
Total:	Check Enclosed - Check #:		☐ Visa	Discover	☐ AMEX	□ мс	
Card #:			Expiration	n Date:	CVC: _		
Cardholder's Name:			Signature	7.			