



EXAM REGISTRATION

Certified Turfgrass Professional – Cool Season Lawns

Test Date _____ Test Location _____

Which exam are you registering for? Both exams may be taken at the same time.

Exam #1 Exam #2

Candidate Name _____

Company _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____ Fax _____

Home Address _____

City _____ State _____ Zip _____

Exam Fee \$200.00 (member) _____ Check attached.
\$250.00 (non-member) (Made out to PLANET)

The full exam fee is paid when Test #1 is taken. If Test #2 is taken at a later date, no additional fee is required.

Charge my CTP-CSL exam fee to VISA Mastercard AMEX

Card # _____ Exp. Date: _____

Name (please print) _____ CVV Security Code _____

Signature _____

Card Billing Address _____

FAX COMPLETED FORM TO 703-736-9668

If fewer than 30 days remain until the exam date,
call Zane Castle at 800.395.2522 to confirm space is available.

If no fax available, mail form to: Certification Dept; Professional Landcare Network;
950 Herndon Parkway #450; Herndon VA 20170