



RECERTIFICATION APPLICATION



Recertification application: _____ Certified Greenhouse Grower (CGG) _____ Colorado Certified Nursery Professional (CCNP)
_____ New Mexico Certified Nursery Professional (NMCNP)

Applicant Name: _____ Certification# _____

ALL INFORMATION IS REQUIRED! Please provide your current home information for recertification purposes. This information will not be used for any other purpose.

Home Address: _____

Telephone Number: _____ E-Mail Address: _____

Company Name: _____

Company Address: _____

Telephone Number: _____ Best Way to Contact you: _____

You must meet the following criteria to recertify. Recertification is every three years.

1. A re-certification fee is required: \$50.00 for employees of CNGA-member companies; \$100.00 for employees of GreenCO members and non-members. Make checks payable to Colorado Nursery & Greenhouse Association.
2. The purpose of recertification is to encourage you to continue your education and professional growth. **Please attach a one-page, typewritten statement elaborating on the activities that you have done, and describing your efforts in the past three years to meet the education and growth goals.** If the Certification Committee has questions relating to your continuing education, you will be contacted. The following is a partial list of activities that count towards eligibility for recertification: seminars attended/presented, include title, description, location and date. Trade Association participation; include committee name and volunteer description. TV/Radio/ Published Media; include topic, station/publication and date. Community service, volunteer work, classes attended/taught; include title and description (ProGreen counts); projects worked on, etc. *****Please note that recertification is at the discretion of the Certification Committee.***
3. Over the past three years, at least 2,000 hours must have been spent working for a Colorado licensed nursery, garden center, greenhouse, contractor, allied industry, or be a member of a green industry association in Colorado or neighboring Rocky Mountain state. List employer(s) you have worked for during the past three years.

Company Name	Supervisor Name	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information given is correct. Signature: _____

For CNGA Certification Committee Use Only

Approved by 1st _____ 2nd _____ Date: _____ Tag: _____

Company: _____ Contact: _____
We accept Visa, Master Card and Discover.

Card #: _____ Exp.: _____ / _____ V-code: _____

Name on Card: _____

Billing address: _____

Email: _____ Purchased: **Recertification**

Amount: \$ _____ Invoice#: _____ PO#: _____ Phone: (_____) _____