



APPLICATION FOR CERTIFICATION VIA RECIPROCITY

To Be Completed By Applicant:

Name _____

Company Name _____

Mailing Address _____

Phone _____ E-mail _____

State where currently certified _____

Date of Initial Certification _____ Date of last recertification _____

To Be Completed By the State Certification Committee or Director for the state where currently certified:

I verify that _____ is a Certified Landscape Professional in the State of _____ and that the information provided by the above named person is correct.

Signature _____ Date _____

Printed Name _____

Title _____ Telephone _____

Mail completed form to:

NHLA Certification Committee
c/o Patty Laughlin
P.O. Box 253
Epping, NH 03042