

PO Box 4666 Augusta, ME 04330

REQUEST FOR TRANSFER OF CERTIFICATION CREDENTIALS TO MAINE

Name	Date
Current State of Certification	Date certified

Current Certification Verification

_____ Yes, the person named above is currently certified with our organization.

Print name	Title held currently	Organization	
Signature of State Association Official		I	Date
Previous information:			
Mailing Address			
City, State, Zip			
Phone	Fax:		_
E-mail	Employer		-
New information, if different:			
Mailing Address			
City, State, Zip			
Phone			
E-mail	Employer		
* State titles:			
Association Landscape Contract	ors of Massachusetts (MCLP)		
Connecticut Nursery & Landsca			
Maine Landscape & Nursery As			
Massachusetts Nursery & Lands			
New Hampshire Landscape Asso	1 · · · · · · · · · · · · · · · · · · ·		
Rhode Island Nursery & Landsc			
Vermont Association of Professi	▲		
vermont responsion of repressional northealtanists (vern)			

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I, the undersigned, do hereby agree to abide by the guidelines of the state association certification program to which I am requesting to be a part of, understanding that once I am transferred or accepted into the new states certification program, I must meet the new states continuing education/re-certification requirements, code of ethics, mission statement, membership criteria, and dues/fee schedule in order to remain certified in the new state. If any of these requirements are not kept current, it will be necessary to retest.

Signature of Applicant	Date

Print Name

I am including an application fee of \$50.00, payable to MELNA, with this application.

Please write a brief paragraph explaining why you wish to be certified in Maine.