



Serving The Nursery And Landscape Industry Since 1925

# Illinois Certified Nursery Professional Annual Re-Certification Form



NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ICN CERTIFICATION DATE / LAST YEAR RE-CERTIFIED / CERTIFICATION DESIGNATIONS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

EMPLOYER COMPANY NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

This form and Continuing Education Point form must be submitted by January 31<sup>st</sup> with required  
**\$30.00 Annual Re-certification fee.**

Thank you for re-certifying.

Please make checks payable to the: Illinois Green Industry Association

**Mail both completed forms and payment to:**

**IGIA**

**2900 Greenbriar Drive**

**Springfield, IL 62704**

**Or fax with credit card information to 217-546-4703**

**(Questions 217-546-4733)**

**VISA/MasterCard accepted**

Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ 3-digit security code: \_\_\_\_\_