

CERTIFIED IRRIGATION DESIGNER EXAM APPLICATION FORM

Name:					
Company:					
Address:					
City:		Prov.: Postal Code: Mobile Phone:			
Work Phone					
* Preferred I					
* I agre	ee to allow the IIABC to	use my email for website list	ing, and all	IIABC emails. Initials:	
Certified Ir	rigation Designer (C	ID)			
To register o	hoose a design exar	n Specialty:			
Discipline	<u>Specialty</u>				
Turf:		(\$ 200)			
Turf:	Commercial _	(\$ 150)			
andscape Drip	o _	(\$ 200)			
Agriculture:	Sprinkler	(\$ 200)			
	Trickle _	(\$ 200)		Subtotal:	
				GST:	
RE-WRITE CID EXAM FEE:		(\$ 50)		TOTAL:	
CREDIT CAR	D PAYMENT				
ard Number: E	Expiry				
Date:			CVV:		
lame on Card:				GST # 86285 6739 RT0001	
uthorized Sign	ature:				