



# IRRIGATION INDUSTRY ASSOCIATION OF B.C

IIABC 205 – 2469 Montrose Avenue, Abbotsford BC V2S 3T2

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## CERTIFICATION PROGRAM EXAM REWRITE FORM

Name: \_\_\_\_\_

(If Company Member, provide company name)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\* Preferred Email: \_\_\_\_\_

\* I agree to allow the IIABC to use my email for website listing, and all IIABC emails. Initials: \_\_\_\_\_

### Certified Irrigation Technician (CIT)

Rewrite

CIT-1 or CIT-2 \_\_\_\_\_

Cost: \$25.00

Location: \_\_\_\_\_

Date: \_\_\_\_\_

### Certified Irrigation Scheduler (CIS)

Rewrite

CIS \_\_\_\_\_

Cost: \$25.00

Location: \_\_\_\_\_

Date: \_\_\_\_\_

### Certified Irrigation Designer (CID)

Rewrite

Turf: Residential, Turf: Commercial,  
Landscape Drip, AG: Sprinkler,  
AG: Trickle \_\_\_\_\_

Cost: \$50.00

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Subtotal: \_\_\_\_\_

GST: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### CREDIT CARD PAYMENT

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

GST # 86285 6739 RT0001

Authorized Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_