



# Pennsylvania Certified Horticulturist Program EXAM RETEST FORM

*To be used for additional retests within the two-year testing period*

\_\_\_\_\_  
NAME \_\_\_\_\_

\_\_\_\_\_  
COMPANY \_\_\_\_\_

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

\_\_\_\_\_  
COMPANY ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

( ) ( )  
PHONE FAX

( ) ( )  
PHONE FAX

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

Please send all PCH correspondence to my:  Home  Company

### Retest Fee Enclosed

- \$25.00 MEMBER FEE (*Owner/Employee of PLNA Member Firm*)
- \$35.00 NON-MEMBER FEE

### Method of Payment

Check or Money Order Enclosed Check # \_\_\_\_\_  
*Made payable to PLNA (Pennsylvania Landscape & Nursery Association)*

MASTERCARD  VISA  DISCOVER  AMERICAN EXPRESS

CREDIT CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. MONTH/YEAR \_\_\_\_ - \_\_\_\_ CVC# \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BILLING ADDRESS FOR CARD: \_\_\_\_\_

**Please complete the application form and submit along with your payment to:**

PLNA, PO Box 352, Annville, PA 17003-0352  
Fax: (717) 238-1675

Email: [ccorrigan@PLNA.com](mailto:ccorrigan@PLNA.com)  
Questions: Call (717) 238-1673 or visit our website at [www.PLNA.com](http://www.PLNA.com).