



## 2023 LIAF Certification Exam Application – Broward County Session

**In Person Review Dates:** June 16th, 2023 – 9am to 4pm  
UF/IFAS Broward County  
3245 College Avenue, Davie, FL 33314

Dress appropriately as review day will include Outdoor Tree Grading Session – Field Location TBD and Indoor Presentations

**Test Date:** June 30th, 2023 – 9:00 AM to 4:00 PM  
9:00 AM to 11:00 AM - Field Grading Examination: Location TBD  
12:00 PM to 4:00 PM – UF/IFAS Auditorium 3245 College Avenue, Davie, FL 33314

**Eligibility:** The applicant must have a college degree in a related landscape field with two years of practical landscape experience; or the applicant must have a minimum of five years of verifiable practical landscape experience in the landscape industry. Acceptable practical landscape experience includes: working in the landscape industry where knowledge and hands-on performance of landscape plan review, landscape installation, landscape maintenance, irrigation, plant identification, insect identification, grading of landscape material, and tree pruning, etc. are daily, hands-on tasks.

**Required Information:** Proof of current membership, the completed application, resume, three current professional references and payment are required upon submittal. This information is considered appropriate and verifiable proof of eligibility and will be strictly reviewed for completeness. The application will not be accepted without providing the above stated proof of eligibility. Failure to provide specific application information may result in the rejection of the application.

**Fee Schedule:** LIAF Certification Exam fee is \$240.00 (plus any applicable fees) and open to current members in good standing. Membership is available at <https://landscapeinspectors.org/membership/join/>. As part of the certification process, LIAF will provide study material and links, an in-person review day and one proctored exam. Additional online virtual sessions may be offered but not guaranteed. Purchase Orders are not accepted. Checks and Credit cards will be accepted. No refunds. Checks are to be made payable to: Landscape Inspectors Association of Florida.

**Registration:** **Applications are due by June 15th, 2023.**

Complete the following application and return it with resume, three current professional references and payment to:

**LIAF - Exam**  
**4611 South University Drive, Box 174**  
**Davie, Florida 33328**

**or complete and scan the application with credit card payment to**  
[exam@landscapeinspectors.org](mailto:exam@landscapeinspectors.org). Once the applicant has been approved, the study material will be emailed to the candidate. The information you provide below is where all correspondence for the review and exam will be sent. Print clearly and provide complete information.

**Inquiries:** Contact the Exam Committee: [exam@landscapeinspectors.org](mailto:exam@landscapeinspectors.org)

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

Mailing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Payment Options (Choose One):

\_\_\_\_\_ Please email me an invoice to the email address listed in my application. I understand that I will not be permitted to take the exam unless my membership dues and examination fees are paid in full.

\_\_\_\_\_ Please charge my credit card as detailed below. I am aware and authorize LIAF to charge my credit card \$248.55 for the exam fee based on the certification exam cost plus a processing fee of 3.5% + 15¢. I understand that I will not be permitted to take the exam unless my membership dues and examination fees are paid in full.

| Credit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX |
| Cardholder Name (as shown on card): _____  |
| Card Number: _____   |
| Expiration Date (mm/yy): _____ CID _____   |
| Cardholder ZIP Code (from credit card billing address): _____  |

Thank you for selecting one of the above options for payment. Please fill the lines below.

I, \_\_\_\_\_, do hereby authorize the LIAF to take the requested action.  
(Print Name)

\_\_\_\_\_  
(Signature)