



LIAF Certified Landscape Inspector CEU Application Form

Name: _____

Certification Number: _____

Street Address: _____

Phone and E-Mail: _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____

Signature of Event Coordinator or
Speaker: _____

A course brochure, event agenda, original signatures and proof of attendance must be attached to this application. It is the responsibility of the certified individual to complete this form and return it along with all attachments to:

**LIAF-CEU
4611 South University Drive, Suite 174
Davie, FL 33328**

Signature of Certified Inspector: _____

Questions? Please visit our website at www.landscapeinspectors.org
Please print clearly

CEU Committee Use Only
Number of CEUs awarded _____
Date _____