



Application for the Certified Urban Forester Retesting Exam



Contact Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Day Phone _____ Eve Phone _____

Date of Last Examination ___/___	Overall High Score ___%
Plant Science High Score ___%	Environment ___%
Infrastructure High Score ___%	Management ___%

Has any information affecting your eligibility changed from your previous application?
YES NO
Fully explain any questions answered "yes."

Exam date and location, from the website: **Location:** _____ **Date:** _____

Examination Retesting Fee

- 1st Retake - FREE
- CaUFC Members* - \$ 100
- Non-CaUFC Members - \$150

* To qualify as a member, an individual must have been a member of CaUFC for at least one full year prior to application.

Total Enclosed or Charged _____ *(please make all checks payable to CaUFC)*

 VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS EXP DATE

 SIGNATURE PRINT NAME AS IT APPEARS ON THE CARD

Confirmation
 I hereby agree to all conditions set forth in this application. Furthermore, I hereby affirm that all information included on this application is accurate.

Signed _____ Date _____
 Print Name _____

Please send application packets to:
 Certified Urban Forester - Applications
 P.O. Box 823
 Novato, CA 94948