



# NCCTP CERTIFICATION PROGRAM



## APPLICATION / ENROLLMENT

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

TCNC Membership#\* \_\_\_\_\_ Pesticide Applicator License# \_\_\_\_\_

### QUALIFICATIONS / REQUIREMENTS

**\*MEMBERSHIP:** I am now, or am applying here, to be a member in good standing of the Turfgrass Council of North Carolina.

**WORK EXPERIENCE:** List your turfgrass management job experience during the last full year. Attach additional pages if needed.

Company \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Your job description \_\_\_\_\_

Please read and initial each section below:

**PESTICIDE LICENSE:** A current North Carolina pesticide ground applicator license (or equivalent from another state) subclass L, turf and ornamental is required. Include a copy of your most recent Dept. of Agriculture license renewal statement showing education units completed. A minimum of 20 credits every five years is required to maintain your NCCTP status.

**DUTY:** I have initialed the following page of this application to show that I strongly support and willingly subscribe to the TCNC Certification Code of Ethics and pledge to uphold the credibility and integrity of the program.

**EXAM:** Upon acceptance into the program, I plan to complete my study and take the required exam within six months.

**CONTINUING EDUCATION:** I agree to successfully complete additional future curriculum materials or sections that may be required as a result of new technology or regulation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***By signing this enrollment application, I verify that all information is true and correct.***

**NCCTP Application Fee: \$150, Study Materials: \$50, Exam Fee: \$50**

**(If applicable, TCNC Regular Membership Dues – Based on date of application, call for amount.)**

Check Number \_\_\_\_\_ (payable to TCNC) **TOTAL \$** \_\_\_\_\_

Credit Card:  AMEX  Visa  MC  Discover Billing Zip Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Email to [info@ncturfgrass.org](mailto:info@ncturfgrass.org), or fax to 919.459.2075 or mail to TCNC, 110 Horizon Dr. Ste 210, Raleigh, NC 27615

# CERTIFIED TURFGRASS PROFESSIONAL CODE OF ETHICS

APPLICANT:  
PLEASE INITIAL IN  
SPACES BELOW

## DUTY TO THE PUBLIC

Conduct service first and foremost with regards to the safety, health and welfare of the general public. Provide service, recommendations, and information based upon honest experience, scientifically accurate and factual knowledge.

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AGREE

## DUTY TO THE ENVIRONMENT

Operate in such a manner to protect and preserve our environment. Use and monitor all equipment, products and materials in a manner consistent with the label, and that is safe for the environment.

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AGREE

## DUTY TO THE LAWS OF OUR LAND

Abide by all laws and regulations affecting the turf industry and support the enforcement of these laws.

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AGREE

## DUTY TO FELLOW PROFESSIONALS

Refrain from the use of false, misleading or deceptive marketing and advertising practices. Practice and insist upon sound business management practices. Maintain the highest standard of personal conduct to reflect credit and add stature to the turf industry. Recognize the importance of strong relationships within the industry. Abstain from untruthful debasement, or encroachment upon, the professional reputation or practice of another turfgrass professional.

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AGREE

## DUTY TO THE ASSOCIATION

Participate in association activities and events to help further the profession. Abstain from any unfair exploitation of my association, industry or profession.

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AGREE

PRINT NAME:

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SIGNATURE:

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DATE:

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