



IRRIGATION INDUSTRY ASSOCIATION OF B.C

IIABC 205 – 2469 Montrose Avenue, Abbotsford BC V2S 3T2
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CERTIFIED IRRIGATION DESIGNER EXAM APPLICATION FORM

Name: _____

Company: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Work Phone: _____ Mobile Phone: _____

* Preferred Email: _____

* I agree to allow the IIABC to use my email for website listing, and all IIABC emails. Initials: _____

Certified Irrigation Designer (CID)

To register choose a design exam Specialty:

<u>Discipline</u>	<u>Specialty</u>		
Turf:	Residential	_____	(\$ 200)
Turf:	Commercial	_____	(\$ 150)
Landscape Drip		_____	(\$ 200)
Agriculture:	Sprinkler	_____	(\$ 200)
	Trickle	_____	(\$ 200)
			Subtotal: _____
			GST: _____
			TOTAL: _____
RE-WRITE CID EXAM FEE:		_____	(\$ 50)

CREDIT CARD PAYMENT

Card Number: Expiry _____

Date: _____ CVV: _____

Name on Card: _____ GST # 86285 6739 RT0001

Authorized Signature: _____

Signature: _____ Date: _____