



# IRRIGATION INDUSTRY ASSOCIATION OF B.C

IIABC 205 – 2469 Montrose Avenue, Abbotsford BC V2S 3T2  
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## CERTIFICATION PROGRAM EXAM REWRITE FORM

**Name:** \_\_\_\_\_  
*(If Company Member, provide company 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 Technician (CIT)

#### Rewrite

**CIT-1 or CIT-2** \_\_\_\_\_ **Cost:** \$25.00 **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Certified Irrigation Scheduler (CIS)

#### Rewrite

**CIS** \_\_\_\_\_ **Cost:** \$25.00 **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Certified Irrigation Designer (CID)

#### Rewrite

Turf: Residential, Turf: Commercial, **Location:** \_\_\_\_\_  
Landscape Drip, AG: Sprinkler, **Cost:** \$50.00 **Date:** \_\_\_\_\_  
AG: Trickle \_\_\_\_\_

Subtotal: \_\_\_\_\_

GST: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### CREDIT CARD PAYMENT

**Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ *GST # 86285 6739 RT0001*

**Authorized Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_