



# Application for the Certified Urban Forester Retesting Exam

## Contact Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

<b>Date of Last Examination</b> ___/___	<b>Overall High Score</b> ___%
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."*

\_\_\_\_\_  
 \_\_\_\_\_

### Examination Retesting Fee

- 1<sup>st</sup> 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