

**City of Marco Island  
Professional Landscape Certification - Application Form**

**Business Name:** \_\_\_\_\_

**Name of Person Submitting Application:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone(s) #** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**Business Fax #:** \_\_\_\_\_

**Total Number of Supervisors** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_

**Number of state-licensed vehicles owned** \_\_\_\_\_ **or rented:** \_\_\_\_\_

**Total number of accounts or service properties:** \_\_\_\_\_

**Number of service properties in the City of Marco Island:** \_\_\_\_\_

***To which of the following organizations does your business belong:***

- Florida Nursery, Growers and Landscape Association (FNGLA)
- Florida Turf Grass Association
- International Society of Arboriculture
- Landscape Maintenance Association
- Marco Island Chamber of Commerce
- Collier Chamber of Commerce
- Other (please list): \_\_\_\_\_

***Does your business hold any of the following certifications?***

- Certified Pest Control Operator Certificate
- Limited Certification Commercial Landscape Maintenance
- Ornamental Turf Certificate
- Other (please list): \_\_\_\_\_

***Items to be submitted to the City of Marco Island with the application:***

\_\_\_\_\_ A non-refundable fee of \$25.00. Payment in cash or checks made payable to the City of Marco Island.

\_\_\_\_\_ List of employees that have completed state-certified Best Management Practices training with copy of proof of successful completion of the course (A certificate or other state-issued form).

I hereby affirm that the information supplied on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS CERTIFICATION DOES NOT LICENSE THE APPLICATION OF PESTICIDES OR  
HERBICIDES, NOR DOES IT PROVIDE ARBORIST CERTIFICATION.**