APPLICATION SUBMISSION REQUIREMENTS

Our company currently upholds the following NALP Accredited Company requirements:

☐ Utilizes standard written contracts or agreements that include scope of work as applicable to state/provincial laws.  
   Provide: Sample of a recent contract or agreement – do not include client information. Note: This may be formal or informal but must include information detailing what the client should expect in return for services rendered.

☐ Maintains written warranty on materials and installation, or statement saying otherwise.  
   Provide: Sample warranty document – do not include client information.

☐ 1 in 10 non-seasonal/full time staff for each location are Landscape Industry Certified with at least one person on staff holding the designation of Landscape Industry Certified Manager. For companies with less than 10 full time employees, there must be at least one Landscape Industry Certified manager on staff.  
   Provide: No documentation required. NALP will verify certification status.

☐ Offers ongoing training for staff and management.  
   Provide: Sample of training program materials and roster of attendance for current year.

☐ Distributes an employee handbook that outlines fair and equitable practices, and adheres to legal and regionally specific requirements.  
   Provide: a) Copy of the handbook that includes signature lines for employee and supervisor to be signed annually, as well as statement verifying supervisor-led overview of handbook for employee; and b) Completed Safety and Employee Checklist Policy included in this application process.

☐ Runs a financially stable business.  
   Provide: A statement or letter from an independent third party – an accountant or bank manager – that confirms the financial stability and viability of the company. Do NOT submit financial data.

☐ Maintains a current certificate of workers compensation.  
   Provide: A copy of certificate and workers compensation insurance mod rate. U.S. companies: Provide a copy of your company's voluntary or non-voluntary OSHA review if received within the previous 12 months.

Signature: ____________________________________________

Date: ________________________________________________