2019 SpokaneScape Professional Certification Application:

Business Information:

Business Name_________________________________________ Phone Number____________________

Address______________________________________________________________

Business License Number______________________________________________

Insurance Agency________________________________________________________ Insurance Number____________

Primary Contact Name____________________________________________________

Email Address____________________________________________________________ Phone Number________________

Secondary Contact Name__________________________________________________

Email Address____________________________________________________________ Phone Number________________

Services Information: (check all that apply)

Single Family Residential

__Irrigation / Landscape Design
__Landscape Maintenance
__Landscape Installation
__Irrigation Installation
__Drought Tolerant Plant Nursery
__Landscape Material Supply
__Irrigation Materials Supply
__Other:____________________

Commercial

__Irrigation / Landscape Design
__Landscape Maintenance
__Landscape Installation
__Irrigation Installation
__Drought Tolerant Plant Nursery
__Landscape Material Supply
__Irrigation Materials Supply
__Other:____________________

List specialties / certifications of key staff members (optional)

List any special discounts you offer (i.e. seniors, military, etc.) (optional)
Supervisor Information:

Each supervisor, foreperson, and manager who will be involved with SpokaneScape projects is required to read our SpokaneScape Guidebook and submit the attached 10 question quiz. Please submit each quiz with this application.

Supervisor Name__________________________       Supervisor Name__________________________
Job Title______________________________       Job Title______________________________
Is this employee a field supervisor? Y or N       Is this employee a field supervisor? Y or N

Supervisor Name__________________________       Supervisor Name__________________________
Job Title______________________________       Job Title______________________________
Is this employee a field supervisor? Y or N       Is this employee a field supervisor? Y or N

Supervisor Name__________________________       Supervisor Name__________________________
Job Title______________________________       Job Title______________________________
Is this employee a field supervisor? Y or N       Is this employee a field supervisor? Y or N

Digital Photographs:

Email Project Photos and Business Logos to: waterstewardship@spokanecity.org

The City of Spokane Water Department will review and approve photos before placing them online. COSWD reserves the right to change the image dimensions and other characteristics as they deem necessary to preserve the technical quality of the website.

SpokaneScape Support Materials:

Please indicate how many of each of the following SpokaneScape support materials you would like sent to your office:

_____ Guidebook       _____Applications       _____Program Flyers       _____Business Cards       _____Other

The City of Spokane Water Department Reserves the right to approve or deny this application at their discretion at any time.

Please submit your application and the attached Quiz(s) to:

Water Stewardship Program
808 W Spokane Falls Blvd
Spokane, WA 99201

Resources & Questions:
WaterStewardship.org
Call: (509) 625-6293
Email: hnickerson@spokanecity.org