



**APPLICATION FOR GCSAA CERTIFIED TURF EQUIPMENT MANAGER  
CERTIFICATION PROGRAM**

NAME

GCSAA MEMBER NUMBER (IF APPLICABLE)

ADDRESS

CITY, STATE ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

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**CURRENT EMPLOYMENT INFORMATION**

CURRENT EMPLOYER

CURRENT POSITION HELD

EMPLOYER SUPERINTENDENT OR SUPERVISOR

START DATE OF CURRENT POSITION

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IF YOU ARE THE TURF EQUIPMENT MANAGER AT  
MULTIPLE FACILITIES, LIST ALL THE FACILITIES YOU  
OVERSEE:

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**WORK HISTORY:**

IF YOU HAVE BEEN IN YOUR CURRENT POSITION FOR LESS  
THAN THREE YEARS, LIST YOUR PREVIOUS EMPLOYERS AND  
THE POSITIONS HELD:

**Payment Information:**

MEMBER PRICE: \$155.00

NON-MEMBER PRICES: \$465.00

TOTAL


**PAYMENT METHOD:**

CHECK NUMBER

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CREDIT CARD NUMBER

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EXPIRATION DATE

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SECURITY CODE

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NAME ON CREDIT NAME

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I HEREBY ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT I MEET THE ELIGIBILITY REQUIREMENTS OF BEING THE HEAD EQUIPMENT MANAGER WITH THREE YEARS' EXPERIENCE OR MORE IN THAT POSITION, WITH AT LEAST SIX MONTHS TENURE AT MY CURRENT FACILITY. FURTHER, I AUTHORIZE GCSAA TO MAKE ANY INQUIRES DEEMED NECESSARY TO ASCERTAIN MY ELIGIBILITY FOR CERTIFICATION, INCLUDING VERIFICATION OF MY EMPLOYMENT. I UNDERSTAND THAT THE APPLICATION FEE OF \$155 US FOR GCSAA MEMBER, OR \$465 US FOR NON-MEMBER, IS NONREFUNDABLE.

SIGNATURE:

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NOTICE: UPON ANY REJECTION OF AN APPLICATION THE REJECTED APPLICANT MAY WITHIN THIRTY (30) DAYS OF THE NOTICE OF REJECTION MAKE A FORMAL WRITTEN APPEAL TO THE GCSAA EQUIPMENT MANAGER TASK GROUP THROUGH GCSAA HEADQUARTERS, 1421 RESEARCH PARK DR., LAWRENCE KS 66049. IN ALL CASES, THE FINAL APPEALS LEVEL WILL BE THE GCSAA BOARD OF DIRECTORS.

**MAILING INSTRUCTIONS:** MAIL THE APPLICATION AND PAYMENT TO:

GCSAA CTEM PROGRAM  
1421 RESEARCH PARK DR  
LAWRENCE, KS 66049-3859

