



## Irrigation Technician Training & CIT Exam

**CLASS** : February 25th 8am-4pm, February 26th 8 am –12 pm

**EXAM**: February 26th, 1pm-4pm

**WHERE**: Northeast Nursery Inc. 6 Dearborn Road, Peabody, Ma. 01960

**COST**: \$235 IANE members/\$295 nonmembers, includes CIT training work book and handouts.

**\*\*Cost covers the preparation course only and includes lunch each day. Exam registration and fees are separate and must be paid 14 days in advance of the exam directly to the Irrigation Association [www.irrigation.org](http://www.irrigation.org)**

**WHY DO I NEED TO TAKE THIS CLASS? CERTIFIED IRRIGATION TECHNICIANS PROVE THEY HAVE THE SKILLS TO INSTALL, MAINTAIN AND REPAIR IRRIGATION SYSTEMS.**

- ◇ Cut and join pipe, know the limitations of different piping systems, and understand basic hydraulics.
- ◇ Layout and install piping and water delivery components; backflow prevention components; mechanical, hydraulic and electrical irrigation controls; and other irrigation system components.
- ◇ Troubleshoot and repair irrigation components and systems.

### **Becoming a Certified Irrigation Technician allows you to:**

- ◇ Add instant credibility with customers.
- ◇ Increase job opportunities.
- ◇ Demonstrate your commitment to efficient water management.



**Thank you to Our Sponsors**



# Irrigation Technician Class Registration Form

Irrigation Association of New England members fee -\$235.00, nonmembers fee -\$295.00

**For questions and information regarding Certified Irrigation Technician Exam registration, please contact Irrigation Association at [www.irrigation.org](http://www.irrigation.org)**

Please, submit this registration form to

## C. Pine Associates Inc.

4 Barlows Landing Rd, Suite 12  
Pocasset, MA 02559

O: 508-564-4465

F: 508-564-4579

[olga@cpineassociates.com](mailto:olga@cpineassociates.com)

February 25th 8am-4pm  
February 26th 8am-12pm

Northeast Nursery Inc.

6 Dearborn Road, Peabody, Ma. 01960

**Full Name:**

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**Company:**

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**Address:**

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**City, State, Zip code:**

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**Phone Number:**

**Email address:**

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**Professional Association**

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**Method of payment:**

- Check-Made payable to C . Pine Associates, Inc.
- Mastercard
- Visa
- Discover
- American Express

**Credit card #**  
**exp.date**

**3digit/4digit code**

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**Name as it appears on credit card:**

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**Billing Address:**

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**Total Amount paid:**

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**Signature:**

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