

**Certified Crop Adviser (CCA)/  
Certified Professional Agronomist (CPAg)  
Retired Application Form**

**International Certified Crop Adviser Program  
5585 Guilford Road  
Madison, WI 53711-5801  
Telephone: 866-359-9161 Fax: 608-273-2081**

Name \_\_\_\_\_ Certification No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Local CCA/CPAg Board Certified By \_\_\_\_\_

I, \_\_\_\_\_, affirm to the International CCA Board and my local CCA/CPAg board that I have retired from providing any agronomic advice to customers and wish to become a CCA/CPAg Retired.

My retirement date is effective on \_\_\_\_\_. (Date must be provided for approval. If date is unavailable, please attach additional information explaining your current employment status and why you want to be a CCA/CPAg retired.)

I am currently a CCA/CPAg in good standing and I have been certified as a CCA/CPAg for ten (10) years or more and no longer actively practicing as a CCA/CPAg.

I understand that this request for CCA/CPAg Retired shall be made to my local board and must be approved by my local board.

I understand that I cannot use the CCA/CPAg certification in any way without the word "Retired."

I understand that I shall remit an annual fee to maintain my file. Should I not remit this fee, I understand that I will no longer be a CCA/CPAg Retired and cannot file for reinstatement.

I understand that I am exempt from Continuing Education Unit (CEU) requirements.

I understand that I must retake the CCA exams if I decide to become an active CCA/CPAg again, if I have been retired for two or more years and have not kept current with CEU requirements.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed application form to your certification representative. Contact information can be found at <https://www.certifiedcropadviser.org/contact>.**

Board Signature \_\_\_\_\_ Date \_\_\_\_\_