



APPLICATION FOR TREE SURGEON

I so hereby make application for Tree Surgeon and in support of said application state on oath the following:

Name: _____ Date of Birth: _____
Street Address: _____ City: _____ Zip: _____
Telephone Number: _____

Name and Title of Business: _____
Business Address: _____ City: _____ Zip: _____
Telephone No: _____

Business Operated as: Individual Partnership Corporation

Name of Owner/Partners/Registered Agent: _____
Street Address: _____ City: _____ Zip: _____
(Partner 1)
Street Address: _____ City: _____ Zip: _____
(Partner 2) – Attach additional sheets as needed.

****In answering the following questions, attach additional sheets as needed****

~Qualifications:

♦Operated said profession or business since: _____ Number of Employees: _____
♦Location of business operations within the past 5 years: _____

~References:

1. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Telephone Number: _____
2. Name: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
Telephone Number: _____

~Training:

♦Specialized training: _____

♦Types of Equipment used: _____

Have you ever held a tree surgeon license in another community? YES NO
If yes, what community: _____

Have you ever had a tree surgeon license revoked, cancelled, or denied? YES NO
If yes, state particulars: _____

Surety Bond Company: _____ Expiration Date: _____
Public Liability Insurance: _____ Expiration Date: _____
Motor Vehicle Insurance: _____ Expiration Date: _____
Property Damage Insurance: _____ Expiration Date: _____

(A CURRENT CERTIFICATE OF INSURANCE MUST BE ON FILE. ANY LAPSE IN INSURANCE COVERAGE SHALL BE CAUSE FOR REVOCATION OF LICENSE)

Applicant Signature: _____ Date: _____

Date Received in Clerk's Office _____
Approved by Parks Director _____ on _____
License No. _____ Date Issued: _____