

APPLICATION FOR TREE TRIMMER LICENSE

ALL PAGES OF THE APPLICATION MUST BE COMPLETED AND ACCOMPANIED WITH THE FOLLOWING DOCUMENTS:

Government Agencies are not required to submit credit references, insurance or corporation verification.

- PROOF OF EXPERIENCE:** Provide Two (2) letters from an employer, ex-employer or customers attesting to the work experience in tree trimming and length of time the sole proprietor or business organization has been trimming trees. This letter must contain contact information as investigators with Broward County Licensing and Enforcement may be contacting them to verify information provided. **All letters must be notarized.**
- PROOF OF TRAINING:**
Class A License: A copy of an active International Society of Arboriculture Arborist Certification (ISA) or A copy of an active registered consulting arborist with the American Society of Consulting Arborists (ASCA).
Class B License: Proof of successfully completed and passed a recent training course offered by the Broward County Extension Education Section. (954-357-5270)
- CHARACTER REFRENCES:** List at least three (3) names and addresses of local residents, not related to you, who can attest to your character and reputation. Broward County Licensing and Enforcement investigators may check your references.
Business Organizations: List at least (3) names and address of local businesses, who can attest to your character and reputation.
- CREDIT REFERENCE:** At least one (1) credit reference for the applicant and/or business organization which shall not be over ninety (90) days old, and from a financial institution (i.e. bank) or a credit report less than 6 months old from a recognized credit bureau..
- BUSINESS ORGINIZATION VERIFICATION: Supply required information as indicated.**
Corporation: Submit a copy of the articles of incorporation with proof of it being active and include the names and residence address of each member of the business organization and all officers, directors, partners, and supervisors and the names of each of its stockholders who are also officers or directors and their respective share of interest in the business organization; except the general shareholders of public corporations.
Partnership: Submit a copy of the articles of incorporation with proof of it being active and include Names and residence address of the partnership and their respective share of interest in the business organization
Business trust: Submit a copy of the articles of incorporation with proof of it being active and include Names of the business trust and its trustees shall be listed and trustees and their respective share of interest in the business organization and residence address.
Another Legal Entity: Submit the names of other legal entity and its members listed.
- FICTITIOUS NAME:** If the firm is not incorporated but is operating under a TRADE name, other than your proper name, the company must conform to Florida Statute 865.09 Fictitious Name Statute, and must be properly registered with the Division of Corporations
- INSURANCE:** A Certificate of Insurance is required at the time of application submittal. Broward County must be named as Additional Insured. The policy (ies) of insurance shall be issued in the name of the applicant or the business organization and for Tree Trimming.
Commercial General Liability Insurance: Minimum (\$300,000.00) to include bodily injury and property damage.
Workers' Compensation: (*The applicant shall certify compliance with Chapter 440, Florida Statutes, Workers' Compensation insurance as amended.*) Workers' Compensation insurance is required if your company employees over 3 employees. The Workers' Compensation Insurance shall be for tree trimmers. If you are exempt from carrying Worker's Compensation insurance, please submit notarized Workers Compensation Exemption statement or State of Florida Workers Compensation Exemption
- ONE RECENT PHOTO:** Must be no older than 3 months, in color, of your full face, and passport size. Please write your name and business organization name on the back of the photo.
- IDENTIFICATION:** Please provide and include a copy of at least one form of picture identification when submitting this application.
- LICENSE FEE:** Tree Trimmer license fee is \$230 for two years, expiring on August 31. **All Fees are non-refundable.** Make checks payable to: **BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS.**

MAILING ADDRESS PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION
Tree Trimmer Licensing and Enforcement
1 North University Drive Box 302
Plantation, Florida 33324

This application will not be accepted without all required documents.

APPLICATION FOR TREE TRIMMER LICENSE

Date: _____

SELECT ONE CLASSIFICATION:

- CLASS "A" TREE TRIMMER LICENSE** A license which requires a sole proprietor or a qualifier for a business organization or a governmental agency to possess an International Society of Arboriculture Arborist Certification or to be a Registered Consulting Arborist with the American Society of Consulting Arborists and to provide an annual affidavit stating that the required number of employees have either successfully completed the training course offered by the Extension Education Division or have completed a substitute training course.

- CLASS "B" TREE TRIMMER LICENSE** A license which requires a sole proprietor, a business organization or a governmental agency to demonstrate that the sole proprietor, the business organization or the governmental agency has the required number of employees who have successfully completed the training course offered by the Extension Education Division or have completed a substitute training course and have passed the examination offered by the Extension Education Division.

SELECT THE TYPE OF BUSINESS ORGANIZATION:

The completed application will require this additional information.

- Sole Proprietor:** If the business organization is not incorporated but is operating under a TRADE name, other than your proper name, the company must conform to Florida Statute 865.09 Fictitious Name Statute, and must be properly registered with the Division of Corporations.

- Corporation:** Names and residence address of each member of the business organization and all officers, directors, partners, and supervisors and the names of each of its stockholders who are also officers or directors and their respective share of interest in the business organization; except the general shareholders of public corporations.

- Partnership:** Names and residence address of the partnership and their respective share of interest in the business organization

- Business Trust:** Names of the business trust and its trustees shall be listed and trustees and their respective share of interest in the business organization and residence address.

- Government Agency:** Not required to submit credit references, insurance or corporation verification.

BUSINESS ORGANIZATION NAME and/or FICITICIOUS NAME if applicable.

Business Organization Name or Fictitious Name

Address (PO Box **NOT** acceptable) Bay/Suite

City: State Zip Office Phone:

Cell: Fax:

E-Mail Address:

Please provide our office with a list of employees that have either successfully completed the training course offered by the Extension Education Division specifying the class titles and the date the test was taken or have completed a substitute training course with dates.

THIS PAGE MUST BE COMPLETED BY EACH

OFFICER, DIRECTOR, PARTNER, SUPERVISOR, TRAINED EMPLOYEE OR
OTHER RESPONSIBLE INDIVIDUALS OF THE BUSINESS ORGANIZATION as described on page 1 item 4.

This page may be reprinted to supply each individual

Title or Position			
Last Name	First Name	Middle Initial	
Home Address (PO Box NOT acceptable)			Apt. No.
City:	State	Zip	Home Phone:
Cell:	E-Mail Address:	Date of Birth	
Drivers License Number (PLEASE PROVIDE A COPY OF YOUR LICENSE)		Social Security Number	

NOTICE OF COLLECTION OF SOCIAL SECURITY NUMBERS FOR GOVERNMENT PURPOSES Under the Federal Privacy Act, disclosure of social security numbers is voluntarily unless specifically required by federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 409.2577 and 409.2598, Florida Statutes, to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act)."

HAVE YOU EVER: (Check Yes or No)

1. Been adjudicated within the past five (5) years of a misdemeanor or a felony, which, if committed or done by a licensed tree trimmer under this article, would be grounds for suspension or revocation of such license: **YES** _____ **NO** _____
2. Been adjudicated within the past five (5) years of a misdemeanor or a felony involving dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the business of tree trimming: **YES** _____ **NO** _____
3. Been found to be in violation of the Broward County Code of Ordinances: **YES** _____ **NO** _____
4. Been served with a demand to cease and desist by the director of the Division, or designee: **YES** _____ **NO** _____
5. Been convicted of a felony or offense involving moral turpitude within the past five (5) years and for which the applicant has not been rehabilitated or discharged from probation or parole **YES** _____ **NO** _____
6. Been adjudicated of any tree abuse violations within the past three (3) years: **YES** _____ **NO** _____

If you answered yes to any of these questions please submit certified copies of documents showing disposition or completion and any other documentation.

_____	_____
Title of Position	Signature
NOTARY PUBLIC	
State of Florida County of Broward	

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, Personally known: _____ Or; Produced ID: _____ (Type of Identification Produced)_____

(Seal) _____ Notary Public in and for the State of Florida

TRAINED EMPLOYEE- Personal Information:

Last Name	First Name	Middle Initial
Home Address (PO Box NOT acceptable)		Apt. No.
City:	State	Zip
Home Phone:		
Cell:	E-Mail Address:	Date of Birth
Drivers License Number (PLEASE PROVIDE A COPY OF YOUR LICENSE)		Social Security Number

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IN DETAIL Provide the length of time and your experience in tree trimming. (Additional pages may be attached if needed)

APPLICANT: List at least three (3) names and addresses of local residents, not related to, who can attest to your character and reputation. Broward County Licensing and Enforcement investigators may check your references.

BUSINESS ORGANIZATION: List at least three (3) names and addresses of local businesses, who can attest to your character and reputation.

(Additional pages may be attached if needed)

Name	Address	Phone Number

AFFIDAVIT

The undersigned makes application for certification, and vouches for the truth and accuracy of all statements and answers herein contained. Any willful falsification of any information contained on this application or attached forms are grounds for disqualification.

1. CHECK THE BOX THAT REFERS TO YOUR TYPE OF BUSINESS ORGANIZATION:

SOLE PROPRIETOR

The undersigned certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that he/she has full authority to supervise tree trimming undertaken by himself/herself or such business organization and that he/she will continue during this certification to be able to so bind said business organization. If, at any time during this certification, he/she ceases to be able to so bind or act for this business organization, he/she will immediately notify the Environmental Protection Department in writing.

CORPORATION / PARTNERSHIP/ GOVERNMENT AGENCY

The undersigned certifies that the applicant has a sufficient number of trained persons employed to ensure that a trained person is present at all times on each job site when tree trimming is in progress. The applicant will immediately notify the Environmental Protection Department of any changes in writing.

2. Applicant hereby affirms that tree trimming/pruning or removal will be carried out in accordance with standards set forth in the Broward County Tree Preservation and Abuse Ordinance 27-401- 27-420 and the ANSI A300 American National Standards Institute

3. Applicant hereby affirms that the license holder’s employees are adequately trained regarding safety procedures in accordance with applicable federal and state law including the federal Occupational Safety and Health Act of 1970 (OSHA-currently set forth within the Code of Federal Regulations as 29 C.F.R., s. 1910.269. App. E, ANSI Z133.1, American National Standard Safety Requirements for Pruning, Trimming, Repairing, Maintaining, and Removing Trees, and for Cutting Brush).

Print Name:

Signature of Applicant

Print Business Organization Name:

Signature of Corporate Officer

NOTARY PUBLIC

State of Florida

County of Broward

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____
by _____ who is personally known to me, or who has produced _____ as
identification, and who did/did not take an oath.

(Seal)

Notary Public in and for the State of Florida