



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/building

Change of Status Tree Trimmer License

This form is to be completed to reflect any changes in business status since your tree trimmer license was granted or renewed. Upon completion, it must be notarized. Additional information may be required

Business Information			
License No. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership/Corporation <input type="checkbox"/> Government Agency 			
Business Name		Business Phone	
Business Address	City	State	Zip
Chief Executive Officer or Financially Responsible Officer Information			
Name		Home Phone	
Home Address <i>(PO Box not accepted)</i>	City	State	Zip
Driver's License No.			
Change in Business Operation <i>(check all that apply)</i>			
<input type="checkbox"/> Business is dissolved / no longer in operation. <i>You must attach copies of dissolution papers.</i>			
<input type="checkbox"/> In business but not providing tree trimming services in Broward County.			
<input type="checkbox"/> Any tree trimmer license class change. <i>You must attach proof of certification and include a \$25 processing fee.</i>			
<input type="checkbox"/> Change of qualifier for Class A only. <i>You must complete a new application and include a \$25 processing fee.</i>			
from _____ to _____ <small style="margin-left: 100px;">Name of Current Qualifier</small> <small style="margin-left: 200px;">Name of New Qualifier</small>			
<input type="checkbox"/> Change of Company Name. <i>You must complete pages 2, 3 and 4 and include a \$25 processing fee. If FIE/EI number is different, you must apply for a new license</i>			
from _____ to _____ <small style="margin-left: 100px;">Current Name</small> <small style="margin-left: 200px;">New Name</small>			

Signature

Date

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 take an oath.

(Seal)

Notary Public in and for the State of Florida

License Classification

Select one classification:

- Class A Tree Trimmer License:** requires a sole proprietor and at least one person affiliated with every business organization or a governmental agency to possess an International Society of Arboriculture (ISA) Arborist Certification or be a Registered Consulting Arborist with the American Society of Consulting Arborists (ASCA.) An affidavit stating that the required number of employees have either successfully completed Broward County Extension Education Section's training course (or any successor agency) or have completed a substitute training course must be submitted annually.
- Class B Tree Trimmer License:** requires a sole proprietor, business organization or governmental agency to demonstrate that the sole proprietor, business organization or governmental agency has the required number of employees who have successfully completed Broward County Extension Education Section's training course (or any successor agency) or have completed a substitute training course and passed Broward County Extension Education Section's examination.

Type of Business Organization

- 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 Registration, and must be properly registered with the Florida Division of Corporations.
- Corporation:** Names and residential 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 residential address of each partner and their respective share of interest in the business organization.
- Business Trust:** Names and residential address of its trustees and their respective share of interest in the business organization must be included.
- Government Agency:** Not required to submit credit references, insurance or corporation verification

Business Organization Information

Business Organization Name or Fictitious Name

Business Address (<i>PO box not accepted</i>)	City	State	Zip
Business Phone	Business Mobile Phone		
Email	Business Fax		

Please provide a list of employees that have either successfully completed Broward County Extension Education Section's training course, specifying the class titles and date of examination or proof of completion of a substitute training course with dates of completion.

Business Organization Information

This page must be completed by each officer, director, partner, supervisor, trained officer, arborist or other responsible individuals of the business organization as outlined in the application instructions. It may be reprinted to provide necessary copies to each individual.



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)."

Title or Position	Name		
Home Address (<i>PO Box not accepted</i>)	City	State	Zip
Home Phone	Mobile Phone		
Driver License # (<i>copy of license required</i>)	Social Security Number		
Email			

Have you ever:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, or entered a plea of nolo contendere or guilty to, regardless of the adjudication of guilt, including adjudication withheld, a first degree 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 ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, or entered a plea of nolo contendere or guilty to, regardless of the adjudication of guilt, including adjudication withheld, a misdemeanor or a felony involving dishonesty, fraud or deceit, which is directly related to the professional responsibilities of a contractor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been found to be in violation of the Broward County Code of Ordinances? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been served with a current demand to cease and desist or a stop work order by the Director of the Division, or designee or hearing officer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Been convicted of, found guilty of, or entered a plea of nolo contendere or guilty to, regardless of the adjudication of guilt, including adjudication withheld, a felony or offense involving moral turpitude, which is directly related to the professional responsibilities of a contractor and the applicant has not been discharged from probation or parole? |
| <input type="checkbox"/> | <input type="checkbox"/> | Failed to pay a civil penalty for a citation issued pursuant to the requirements of Article XI of Chapter 9, Broward County Code of Ordinances? |

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

Title of Position

Signature

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 in this application or attached forms are grounds for disqualification.

Business Organization Type

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 and Growth Management Department in writing.

Corporation, Partnership or 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 jobsite when tree trimming is in progress. The applicant will immediately notify the Environmental Protection and Growth Management Department of any changes in writing.

Adherence to Standards

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 (Sec. 27-401-420) and the ANSI A300 American National Standards Institute.

Occupational Safety

Applicant hereby affirms that the license holder's employees are adequately trained regarding safety procedures in accordance with applicable federal and state laws, including the federal Occupational Safety and Health Act of 1970 (OSHA) currently set forth in the Code of Federal Regulations as 29 C.F.R., §1910.296 and App. E, ANSI Z133.1, American National Standard Safety Requirements for Pruning, Trimming, Repairing, Maintaining and Removing Trees, and for Cutting Brush.

Applicant Name

Trained Executive or Financially Responsible Officer Signature

Business Organization Name

Corporate Officer Signature

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 take an oath.

(Seal)

Notary Public in and for the State of Florida