

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Environmental Protection Department
BIOLOGICAL RESOURCES DIVISION



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INSTRUCTIONS
FOR TREE TRIMMER LICENSE APPLICATION

All pages of the application for a Tree Trimmer license must be completed and accompanied with the following documents:

- 1) **PROOF OF EXPERIENCE** (All Applicants **EXCEPT** Government Agencies) Notarized letter(s) attesting to the work experience (in tree trimming) of the applicant.
- 2) **PROOF OF TRAINING** (All Applicants) Proof of training in tree trimming from Broward County Extension Education Division or arborist certification from ISA (International Society of Arboriculture) or ASCA American Society of Consulting Arborists
- 3) **CREDIT REFERENCE** – (All Applicants **EXCEPT** Government Agencies) on you, from a banking institution. If you will be qualifying a corporation or partnership, an additional reference is required for your business.
- 4) **CORPORATION/PARTNERSHIP VERIFICATION** – (All Applicants **EXCEPT** Government Agencies) If you will be qualifying a corporation or partnership, please attach a copy of the articles of incorporation or the partnership documents.
- 5) **INSURANCE** – (All Applicants **EXCEPT** Government Agencies) A Certificate of Insurance is required at time of application. Minimum liability insurance is as follows:
 - a) Commercial General Liability Insurance (\$300,000.00) to include bodily injury and property damage. **Broward County must be named as Secondary Insured.**
 - b) Proof of Worker's Compensation Insurance for tree trimmers. If you are exempt from carrying Worker's Compensation insurance, please submit notarized Workers Compensation Exemption statement.
- 6) **TWO (2) RECENT PHOTOS** – (All Applicants) Photos must be passport size, full face and in color. Print your name on the back of the photos.

7) **LICENSE FEE** – (All Applicants)

Tree Trimmer license application fees are prorated on a quarterly basis. Fees payable during the following quarters are:

August – October	\$230.00	November – January	\$201.25
February – April	\$172.50	May – July	\$143.75

Make checks payable to: **BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS**

- 8) **NOTARIZATION** – (All Applicants) The completed application must be notarized. **Complete the affidavit that applies to your type of company.** Notary services are available in the Planning and Environmental Protection Offices.

Return the completed application and attachments to:
BROWARD COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
Tree Trimmer Licensing
218 SW 1ST Avenue
Fort Lauderdale, Florida 33301
(954) 519-1456

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Department of Planning and Environmental Protection
BIOLOGICAL RESOURCES DIVISION



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APPLICATION FOR TREE TRIMMER LISCENSE

BROWARD COUNTY DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION
Tree Trimmer Licensing
218 SW 1ST Avenue
Fort Lauderdale, Florida 33301
(954) 519-1456

.....
Filing date _____

SELECT ONE CLASSIFICATION:

- 1) 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.
- 2) 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.

PERSONAL INFORMATION

Name _____ Phone # _____

Address _____ City _____ State/Zip _____

(P.O. Box Numbers are **NOT** acceptable)

D.O.B. _____ Drivers License # _____

BUSINESS INFORMATION

Are you qualifying as: Sole Proprietor Partnership Corporation Government Agency

Name _____ Phone # _____

(P.O. Box Numbers are **NOT** acceptable)

Address _____ City _____ State/Zip _____

STANDARDS FOR LICENSURE:

Each sole proprietor must possess a reputation for honesty, integrity and good character. If the application is for a business organization, each member of the business organization and all officers, directors, partners and supervisors must possess a reputation for honesty, integrity and good character. THEREFORE:

- | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3) | <u>HAVE YOU EVER:</u> (Check Yes or No) | <u>YES</u> | <u>NO</u> |
| a) | Been adjudicated within the past five 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..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Been adjudicated within the past five 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Been found to be in violation of the Broward County Consumer Protection Code | <input type="checkbox"/> | <input type="checkbox"/> |
| d) | Been served with a demand to cease and desist by the Director of the Consumer Affairs Division..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e) | Been convicted of a felony or offense involving moral turpitude within the past five (5) years and for which you have not been rehabilitated or discharged from probation or parole..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f) | Been adjudicated of any tree abuse violations within the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the above questions, provide the explanation(s) on a separate sheet of paper and attach to this application.

- 4) State IN **DETAIL**, your experience and length of time in the certification category for which this application is being made.

- 5) Please list the names and addresses of at least three (3) references who are local residents and not related to you, who can attest to your character and reputation.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT
SOLE PROPRIETOR

The undersigned makes application for certification, and vouches for the truth and accuracy of all statements and answers herein contained.

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 the/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 Department of Planning and Environmental Protection in writing.

Any willful falsification of any information contained on this application or attached forms is grounds for disqualification.

Applicant (Please print)

Name of Company (Please print)

Signature of Applicant

Signature of Corporate Officer
(If applicant is Qualifying corporation)

**STATE OF FLORIDA,
COUNTY OF BROWARD**

Sworn and subscribed to before me this _____ day of _____, 2004.

Personally known: _____ Or; Produced ID: _____ (Type produced) _____

Notary Public _____

My Commission Expires:

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS

AFFIDAVIT
BUSINESS ORGANIZATION/GOVERNMENT AGENCY

The undersigned makes application for certification, and vouches for the truth and accuracy of all statements and answers herein contained.

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 Department of Planning and Environmental Protection of any changes in writing.

Any willful falsification of any information contained on this application or attached forms are grounds for disqualification.

Name of Applicant (Please print)

Name of Government Agency/Business Organization

Signature of Applicant

**STATE OF FLORIDA,
COUNTY OF BROWARD**

Sworn and subscribed to before me this _____ Day of _____, 2004.

Personally known: _____ Or; Produced ID: _____ (Type produced) _____

Notary Public _____

My Commission Expires:

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS