



Resilient Environment Department

BUILDING CODE DIVISION

2307 W. Broward Blvd., Suite 300 • Fort Lauderdale, FL 33312 • 954-765-4400 • broward.org/building

Application for Tree Trimmer License Required Documents and Information

All pages of this application must be completed and accompanied by the information requested below. Applications without all required documentation will not be accepted*

*Governmental agencies are not required to submit credit references, insurance, or corporation verification

Proof of Experience

Provide **three notarized letters** from persons with firsthand knowledge of applicant's work experience: **OR one notarized letter** from a licensed Broward County tree trimmer **OR one notarized letter** from a certified, professional arborist in the forestry or landscape industry. Letters must attest to the work experience in tree trimming and length of time the sole proprietor or business organization has been trimming trees and contain contact information as Broward County Licensing and Enforcement investigators may contact them to verify information provided.

Proof of Training

Class A License: Provide a copy of an active International Society of Arboriculture Arborist Certification (ISA) **OR** a registered consulting arborist with the American Society of Consulting Arborists (ASCA). If the ISA or ASCA certificate holder is not the company owner, chief executive officer or financially responsible officer, then the owner, chief executive officer or financially responsible officer must provide proof of having successfully completed and passed a recent training course offered by the Broward County Extension Education Section.

Class B License: The sole proprietor, owner, chief executive officer or financially responsible officer must provide proof of successfully completed and passed a recent training course offered by the Broward County Extension Education Section **954-357-5270**

Character References

Provide on application form at least **three** names and addresses of local residents, not related to you, who can attest to your character and reputation. **Business Organizations:** List at least **three** names and address of local businesses who can attest to your character and reputation in the appropriate location. If you prefer, you may submit letters as long as they provide contact information so Broward County Licensing and Enforcement investigators may check your references. (page 5)

Credit Reference

Please complete credit reports for the **applicant and business** organization less than six (6) months old from a nationally recognized credit bureau. Also, provide bank letters from a financial institution (letters from the bank; stating that the bank accounts are in good standing) for the **applicant and business** organization which must be less than 90 days old.

Business Organization Verification

Corporation: Submit a copy of the articles of incorporation and proof of active status. Include the 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. (page 4 – per person)

Partnership: Submit a copy of the articles of incorporation with proof of active status and include names and residential address of each partner and their respective share of interest in the business organization. (page 4 – per person)

Business Trust: Submit a copy of the articles of incorporation with proof of active status and include names and residential address of its trustees and their respective share of interest in the business organization. (page 4 – per person)

Other Legal Entity: Submit the names of other legal entity with its members listed. (page 4 – per person)

Fictitious Name

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.

Insurance

A Certificate of Insurance is required when submitting your application. Broward County must be named as **additional insured** and as a **certificate holder**. The certificate must be issued in the applicant's name or the business organization for tree trimming. **Commercial general liability** insurance, including bodily injury and property damage, must cover at least **\$300,000**.

Workers' Compensation Insurance

Workers' Compensation insurance is required if your company has **more than three** employees. The Workers' Compensation insurance must be for tree trimmers (*the applicant must certify compliance with Chapter 440 of the Florida Statutes, Workers' Compensation, as amended*). If you are exempt from carrying Worker's Compensation insurance, please submit a notarized Workers Compensation Exemption statement (*included in this packet*) or a State of Florida Workers Compensation Exemption.

Two Recent Photos

You must include two recent photos of yourself. Photos must be **less than 3 months old**, include your full face (*in color*) and measure 2" x 2". Please include your name and the name of your business organization on the back of the photo.

Identification

You must include a copy of **at least one** form of picture identification with this application.

License Fee

You must include a tree trimmer license fee of \$230 with your application. **All fees are non-refundable**



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Application for Tree Trimmer License

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

- 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?
- 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?
- Been found to be in violation of the Broward County Code of Ordinances?
- 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?
- 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?
- 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

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

Provide your experience and length of time in tree trimming in detail:
Additional sheet(s) may be attached if necessary

References

Broward County Licensing and Enforcement investigators may check your references. Additional sheet(s) may be attached if necessary; letters may be submitted.

Applicant: list at least three names and addresses of local residents, not related to you, who can attest to your character and reputation.

Business Organization: list at least three names and addresses of local businesses who can attest to your character and reputation.

Name	Address	Phone

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**

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(Seal)

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Workers' Compensation Insurance Exemption Affidavit

This form must be completed by an officer of a sole proprietorship or a corporation with three or less part-time or full-time employees (including the owner). It must be signed, notarized, and returned to our office.

Form with fields for Name, Address, City, State, Zip, Home Phone, Mobile Phone, Office Phone, and Email.

This is to verify that _____ Business Name

_____ Street _____ City _____ State _____ Zip

is a [] Sole Proprietorship [] Corporation/Partnership and has _____ employees, including the owner.

Therefore, under the terms of Chapter 440 of the Florida Statutes, Workers' Compensation, it is not necessary for the aforementioned company to carry workers' compensation insurance.

Signature

Title

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

This document is for Broward County use only.



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Affidavit Class “A” Tree Trimmer License

To be completed by license holders whose qualifiers are certified arborists with the International Society of Arboriculture (ISA) or the American Society of Consulting Arborists (ASCA).

The undersigned certifies that the required number of employees have either successfully completed Broward County Extension Education Section’s Tree Trimmer Training Course and passed examination or have completed an equivalent substitute training course and are in compliance with Chapter 9-162(d) of the Broward County Code of Ordinances.

The applicant will immediately notify Broward County Building Code of any changes in writing. Any willful falsification of any information contained on this application or attached forms are grounds for disqualification.

Name of Qualifying Arborist

Signature of Qualifying Arborist

Name of Government Agency/Business Organization *(if applicable)*

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