

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Environmental Protection and Growth Management Department
Permitting, Licensing and Consumer Protection Division



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) Two (2) Notarized letters 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 the International Society of Arboriculture (ISA) or American Society of Consulting Arborists (ASCA).

- 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. Sole proprietorships should show registration of fictitious name if not using given name.

- 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 or State of Florida Workers Compensation Exemption

- 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

- 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 Environmental Protection Offices.

Return the completed application and attachments to:

MAILING ADDRESS
PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION
Tree Trimmer Licensing and Enforcement
115 S Andrews Avenue
Room 309
Fort Lauderdale, FL 33301

**BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Environmental Protection and Growth Management Department
Permitting, Licensing and Consumer Protection Division**

WWW.BROWARD.ORG

APPLICATION FOR TREE TRIMMER LICENSE

MAILING ADDRESS

PERMITTING, LICENSING AND CONSUMER PROTECTION DIVISION
Tree Trimmer Licensing and Enforcement
115 S Andrews Avenue, Room 309
Fort Lauderdale FL 33301
954-765-4400

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 _____

AFFIDAVIT

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

1. Check the box that refers to your type of company

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 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).
3. 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 .

Applicant (Please print)

Name of Company (Please print)

Signature of Applicant

Signature of Corporate Officer
(If applicant is Qualifying corporation)

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

**STATE OF FLORIDA,
COUNTY OF BROWARD,**

Sworn and subscribed to before me this _____ day of _____, 20_____.

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

Notary Public _____

My Commission Expires:

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL REQUIRED DOCUMENTS