



Resilient Environment Department

BUILDING CODE DIVISION | CONTRACTOR LICENSING

2307 W. Broward Blvd. Suite 300 • Fort Lauderdale, Florida 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*).

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 **954-756-8519**

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*).

Personal Credit Report

The Board highly recommends that you pull your credit report just prior to submitting your application. This will ensure the Board is presented with the most current information pertaining to your credit history. However, reports dated within 6 months or less may be used. Your full personal credit report must include your credit score. If the credit score is less than 550, you will have to submit a written letter to the Board to explain any area(s) of concern. Please choose from one of the three credit bureaus: Transunion, Equifax, or Experian.

Business Credit Report

If you already have an active corporation, you should also provide a credit report for your business – also including the credit score.

Personal Financial Statement

If you have a personal financial statement, please include it with your application. If you do not, please include two months of your most recent bank statements.

Corporate Financial Statement

If you already have an active corporation, please provide a comprehensive financial statement – notarized by your accountant. The financial statement should not be over 180 days old. If over 90 days old, it needs to be accompanied by a notarized affidavit stating that no material change has occurred since its preparation and that it substantially represents your current financial condition and the business organization. Alternatively, the last two months of bank statements may also be provided.

Business Organization Verification

If you are qualifying a corporation, you are required to provide:

- A copy of the front page of your articles of incorporation, listing the corporate officers
- A written statement from the Secretary of State, Tallahassee, certifying the corporation is currently authorized to do business in the State of Florida
- If you are not an officer of the corporation, you must provide a notarized letter from an officer of the corporation stating that you are a supervisory employee of the corporation.

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

The minimum liability insurance amounts are:

- Bodily Injury **\$300,000**
- Property Damage* **\$50,000**
**for any one accident, including damage to rights-of-way and/or shrubbery.*

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.

Each certificate must list as a certificate holder,

Broward County Building Code Division

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All Certificates must provide at least 30 days advance notice of cancellation

Two Recent Photos

You must include two recent passport 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 clear copy of a valid driver's license or other government issued ID.

License Fee

You must include a tree trimmer license fee of \$450 with your application.

Please make checks payable to **Broward County Board of County Commissioners**. **All fees are non-refundable.**



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Application for Tree Trimmer License

License Classification:

Class A Arborist License

Class B Tree Trimmer License



Notice of Collection of Social Security Numbers for Government Purposes

Under the Federal Privacy Act, disclosure of social security numbers is voluntary 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 licenses 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).

Personal Information

Last Name		First Name		Middle Initial	Suffix
Home Address			City	State	Zip
Home Phone			Mobile Phone		
Email					
Place of Birth			Date of Birth	Social Security Number	
Height	Weight	Hair Color		Eye Color	

Business Organization Information

I am qualifying as a: **Sole Proprietor** **Partnership** **Corporation**

Business Name					
Business Address			City	State	Zip
Business Phone		Business Mobile Phone		Business FAX	
Email					

Have you ever:

Yes No

- Been convicted, adjudication withheld, and/or you plead nolo contendere (no contest) to a felony or first-degree misdemeanor, including but not limited to the following crimes, dishonesty, fraud, deceit, or lack of integrity in the operation or conduct of the applicant's business, occupation, trade, **or for any crime**. Please provide official disposition documents from the court of law for any adjudication, conviction, withheld adjudication or nolo contendere.

Date	Location	Charges	Disposition

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 Resilient Environment 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 Resilient Environment 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), the ANSI A300 American National Standards Institute, and are in compliance with Chapter 9-162(d) of the Broward County Code of Ordinances.

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 Person 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.

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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 _____

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(Seal)

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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 the Broward County Building Code Division 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