

APPLICATION FOR ARBORIST LICENSE

(FOR THOSE CURRENTLY LICENSED BY ANOTHER JURISDICTION)

Please check appropriate <input type="checkbox"/>
<input type="checkbox"/> FIRST CLASS LANDSCAPE ARBORIST An individual licensed as an arborist, who is primarily concerned with the planting and care of shade or ornamental trees.
<input type="checkbox"/> FIRST CLASS UTILITY ARBORIST An individual licensed as an arborist who performs arboricultural procedures primarily in the proximity of electrical transmission, distribution and/or other utility lines.
License Fee - \$30 for one or \$45 for both
Make check payable to: Treasurer, State of Maine

Print Name _____
Last First MI
Home Address _____ Email: _____
City _____ State _____ ZIP _____
Employer _____ Address _____
City _____ State _____ ZIP _____
Home Phone # (____) / ____ / ____ Work Phone # (____) / ____ / ____
Date of Birth ____ / ____ / ____ Sex: Male Female
Social Security Number ____ - ____ - ____

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Do you hold a current arborist license in another state?
 Yes No If yes, list state _____ and enclose copy of license.

Are you currently certified by ISA? Yes No If yes, enclose copy of certificate.

Have you ever been convicted of a crime other than a minor traffic violation? Note: The Division of Animal and Plant Health will conduct random criminal history records checks prior to issuing the license.
 Yes No

IF YOU ANSWERED "YES" TO THE CRIMINAL CONVICTION QUESTION, PLEASE ENCLOSE A LETTER FROM YOU EXPLAINING IN DETAIL, THE DATE(S) AND CIRCUMSTANCES SURROUNDING YOUR CONVICTION(S) AND ALL STEPS YOU HAVE TAKEN WITH RESPECT TO REHABILITATION.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Applicant's Signature: _____ Date: _____

MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
DIVISION OF ANIMAL AND PLANT HEALTH
ARBORIST LICENSING PROGRAM

28 State House Station
Augusta, Maine 04333-0028
Telephone: (207) 287-3891

AFFIDAVIT OF INSURANCE COVERAGE

This affidavit must be completed and on file with the Division of Animal and Plant Health before any Arborist License will be issued.

The following must be completed by the person making application to perform arboricultural activities within the State of Maine.

Name (please print or type)		Street Address
City	State	Zip Code

I, _____ hereby swear or affirm that I will have the required amount of liability insurance
(Name of Applicant)
specified by state rule in effect at the time I perform any arboriculture activities in the State of Maine. I swear before this notary public that the above statements are true.

Date: _____
Signature

THIS AFFIDAVIT MUST BE NOTARIZED

State of _____
County of _____
The above named _____ personally appeared before me and being duly sworn according to law deposes and says that the answers set forth are complete to the best of his/her knowledge and belief and that application is made for the purpose of obtaining the issuance of the license requested.
Sworn and subscribed to before me on this _____ day of _____, 20____.
_____ Notary Public