

STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY
DIVISION OF ANIMAL AND PLANT HEALTH
#28 STATE HOUSE STATION ~ AUGUSTA, MAINE 04333
TEL# (207) 287-3891 ~ FAX # (207) 287-5576

APPLICATION FOR EXAMINATION

Please check appropriate

FIRST CLASS LANDSCAPE ARBORIST
An individual licensed as an arborist, who is primarily concerned with the planting, pruning, removal, and care of shade or ornamental trees.

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.

Exam fee: \$60 for one exam or \$85 for both exams

Study Guide: **\$85**

Make check payable to: Treasurer, State of Maine

Print Name _____
Last First MI

Street _____

City _____ State _____ ZIP _____

County _____ E-mail _____

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 ANY AND ALL STEPS YOU HAVE TAKEN WITH RESPECT TO REHABILITATION.

TRAINING AND EXPERIENCE RECORD

A copy of an official transcript must be forwarded with the application if education is to be used in lieu of experience.

PRESENT OR LAST EMPLOYER:	<p style="text-align: center;">DATES OF EMPLOYMENT</p> <p>From: ___/___/___ To: ___/___/___ mm dd yr mm dd yr</p> <p>Total hours per week: _____</p> <p>Total hours per year: _____</p>
COMPLETE ADDRESS:	YOUR TITLE:
TELEPHONE #:	DETAIL OF WORK PERFORMED:
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:	
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREVIOUS EMPLOYER:	<p style="text-align: center;">DATES OF EMPLOYMENT</p> <p>From: ___/___/___ To: ___/___/___ mm dd yr mm dd yr</p> <p>Total hours per week: _____</p> <p>Total hours per year: _____</p>
COMPLETE ADDRESS:	YOUR TITLE:
TELEPHONE #:	DETAIL OF WORK PERFORMED:
REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT:	
MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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: _____