

Division of Animal and Plant Health
Maine Department of Agriculture,
Conservation and Forestry
28 State House Station
Augusta ME 04333
(207) 287-3891

OFFICE USE ONLY

Date Fee Rec'd: _____

Amount Paid: _____

Arborist License Renewal for _____ (year)

Name: _____ **License Number:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **E-Mail address:** _____

Employer: _____ **Work Phone:** _____

Employer Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Insurance Company: _____

Check here if you do not intend to perform arborist work and wish to maintain your license. []

Check here if you are no longer performing arborist work and do not want to renew your license. []

License fee: If paid after January 1 include a \$10 late fee.

First Class Landscape Arborist \$30

First Class Utility Arborist: \$30

First Class Landscape and Utility Arborist: \$45

Master Landscape Arborist: \$30

Master Utility Arborist: \$30

Master Landscape and Utility Arborist \$45

Apprentice Permit \$30

Make check (or money order) payable to TREASURER STATE OF MAINE and return form to the above address.

Have you been convicted of a crime (other than minor traffic violations) since your last license renewal? [] NO [] YES

If "yes" please list date(s) and crime(s) on a separate piece of paper and submit a copy of the court judgment(s).

By signing this form I state that I will not engage in arboriculture work without proper insurance coverage, as stated by the Department of Agriculture, Conservation and Forestry regulations.

SIGNATURE REQUIRED FOR RENEWAL _____

DATE _____