



STATE OF NEW JERSEY  
**BOARD OF TREE EXPERTS**

101 W Veterans Highway  
Jackson, NJ 08527  
732-534-0982  
732-534-0983 (fax)  
njtreeexperts.org  
njtreeexperts@gmail.com



**LICENSE by RECIPROCITY**

**I. I am applying for Reciprocity for the (check one):**

- Licensed Tree Expert Written Exam       Licensed Tree Care Operator

**II. 7:3A-3.9 Reciprocity**

The Board may, in its discretion, grant a license to any person who is the lawful holder of a substantially equivalent license or certification issued by another jurisdiction and is in good standing with the licensing agency for that jurisdiction. The Board's considerations in making this determination shall include, but not be limited to, the requirements to be granted the subject certification or license, and the subjects, format, length, and question structure of the examination an individual must pass to obtain the certification or license. The Board shall post on its website at [www.njtreeexperts.org](http://www.njtreeexperts.org) a listing of those certifications and licenses issued by other jurisdictions that it has determined to be substantially equivalent to either the Tree Expert or Tree Care Operator license.

1. Documentation necessary for applying for licensed Tree Expert written exemption or Tree Care Operator license under this section includes:

- A) Proof of a valid certification or license issued by another jurisdiction, which the applicant wants the New Jersey Board of Tree Experts to consider to be substantially equivalent to the license chosen above by the applicant.
- B) Three letters of recommendation are required at the time the application is submitted. These letters should be from other Licensed Tree Experts or Licensed Tree Care Operators, professionals in the tree care, horticultural, or nursery industries, college professors or instructors, or other responsible persons who have knowledge of your education and/or experience. Letters of recommendation from family members are not acceptable.

### III. 7:3A-6.1 Fee

#### Reciprocity License Application Fee: \$75.00

A reciprocity license application fee of \$75.00 is required with this application.

Checks should be made payable to Treasurer, State of New Jersey and submitted with this application.

### IV. Personal Data - Please Print Clearly

1. Name

\_\_\_\_\_

Last First MI

2. Legal Residence

\_\_\_\_\_

Number Street

\_\_\_\_\_

City State Zip Code County

3. Telephone

\_\_\_\_\_

Cell Business Ext. Home

4. E-mail Address

\_\_\_\_\_

5. Sex  Male  Female

6. Date of Birth

\_\_\_\_\_

7. Place of Birth

\_\_\_\_\_

City State County

8. If native born, are you a naturalized citizen?  Yes  No

9. If not naturalized, have you applied for citizenship?  Yes  No

If yes, what is the anticipated date of finalization of citizenship request?

\_\_\_\_\_

Year Month

10. Current Employer (if other than above)

\_\_\_\_\_

11. Employer's Address

\_\_\_\_\_

Number Street

\_\_\_\_\_

City State Zip Code County

12. Have you or your company ever been cited for safety violations by O.S.H.A. or any other regulatory body?  Yes  No

If yes, provide: Date \_\_\_\_\_ Case Number \_\_\_\_\_ Relevant documentation attached:  Yes  No

13. Have you ever been convicted of any crime other than a motor vehicle traffic violation?  Yes  No

If yes, provide: Date of Conviction Type of Crime Probation Status

\_\_\_\_\_

Felony

On Probation

Misdemeanor

Probation Completed

No Probation

14. Driver's License #: \_\_\_\_\_

## V. Employment Record

Beginning with your present position and working backwards, list and describe each position in which you have been employed. In describing your work be specific as to the type of work performed and the duties and responsibilities of the position. (If additional space is needed, attach supplemental sheets.)

<b>Employer Information (1)</b> Name: _____ Address: _____ Number Street _____ City                          State                          Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____           Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
---	---

<b>Employer Information (2)</b> Name: _____ Address: _____ Number Street _____ City                          State                          Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____           Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
---	---

<b>Employer Information (3)</b> Name: _____ Address: _____ Number Street _____ City                          State                          Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____           Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time   If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
---	---

## V. Declaration

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for denial of the application or suspension or revocation of any certification issued pursuant to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Important**

Copies of certificates, awards, transcripts, diplomas, and other similar documents may be required, if deemed necessary by the Board of Tree Experts.

### **Read these instructions carefully before submitting your application.**

- Have you answered all questions? Check to make sure you have fully completed the application.
- Have you signed your application above?
- Have you gathered and copied all necessary documentary evidence in support of your experience qualifications ready to be mailed with the application?
- Did you include the fee?

Send this application and and fee with necessary supporting documentation to:

**Board of Tree Experts  
101 W Veterans Highway  
Jackson, NJ 08527**