



STATE OF NEW JERSEY
BOARD OF TREE EXPERTS
101 W Veterans Highway
Jackson NJ 08527
(732)534-0982



Application for Licensed Tree Expert or Licensed Tree Care Operator Examination

1. I am applying to take the **Tree Expert Examination** **Tree Care Operator Examination**

2. Last Name _____
Last First MI

3. Legal Residence _____
Number Street
City _____ State _____ Zip Code _____ County _____

4. Telephone _____ Business _____
 Home Cell

5. E-mail Address _____

6. Sex Male Female

7. Date of Birth _____ 8. Social Security Number _____

9. Place of Birth _____
City State County

10. If not native born, are you a naturalized citizen? Yes No

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

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

12. Current Employer _____

13. Employer's Address _____
Number Street
City _____ State _____ Zip Code _____ County _____

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

If yes, provide: _____
Date of Conviction Felony On Probation
 Misdemeanor Probation Completed
 No Probation

15. Driver's License # _____

I. Education and Training Record

1. Do you have a high school diploma or equivalency diploma? Yes No

If 'no' - provide the date you left school and the name and location of the school.

If 'yes' - provide the name and location of the school, and the year of graduation.

2. Vocational, Technical School or Other:

Name and Location of School	Dates Attended	Subject or Courses	Course completed?	
1) _____ _____	From: _____ To: _____	1) _____ 2) _____ 3) _____ 4) _____	<input type="radio"/> Yes	<input type="radio"/> No
2) _____ _____	From: _____ To: _____	1) _____ 2) _____ 3) _____ 4) _____	<input type="radio"/> Yes	<input type="radio"/> No
3) _____ _____	From: _____ To: _____	1) _____ 2) _____ 3) _____ 4) _____	<input type="radio"/> Yes	<input type="radio"/> No

3. College or University:

Name and Location of School	Dates Attended	Major/Minor	Credit Hours	Degree
1) _____ _____	From: _____ To: _____	_____	_____	_____
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Graduation Date	_____		
2) _____ _____	From: _____ To: _____	_____	_____	_____
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Graduation Date	_____		
3) _____ _____	From: _____ To: _____	_____	_____	_____
Did you graduate? <input type="radio"/> Yes <input type="radio"/> No	Graduation Date	_____		

II. 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.

Employer 1

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Dates of Employment - From: _____ To: _____

Full Time Part Time If Part Time, number of hours per week: _____

Total Time Employed - Years: _____ Months: _____

Job Title _____

Description of Work:

Employer 2

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Dates of Employment - From: _____ To: _____

Full Time Part Time If Part Time, number of hours per week: _____

Total Time Employed - Years: _____ Months: _____

Job Title _____

Description of Work:

Employer 3

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Dates of Employment - From: _____ To: _____

Full Time Part Time If Part Time, number of hours per week:

Total Time Employed - Years: _____ Months: _____

Job Title _____

Description of Work:

III. REQUIRED DATA TO BE SUBMITTED WITH THIS APPLICATION

Letters of Recommendation

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.

Examination Fee

A License Application fee of \$50 is required for each submitted application. Checks should be made payable to: Treasurer, State of New Jersey. **Please note:** Once approved to take the exam, a \$100.00 exam fee for each exam is required to be paid prior to taking the exam(s). Applicant will be notified to submit the exam fee(s).

IV. TESTING

Do you need ADA accommodations?

Yes No

V. DECLARATION

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying attachments and 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 suspension or revocation of the business registration issued pursuant to this application.

Signature of Applicant

Date

IMPORTANT

Admission to examinations shall be dependent upon the information furnished on this application! Diploma/equivalency certificates are appropriate documentary evidence in support of your educational qualifications. 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 training and experience qualifications ready to be mailed with the application?
- Did you include the application fee?
- Did you include three letters of recommendation?

Send your application and fee with necessary supporting documentation to:

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