Please make $25 check payable to: SEWICKLEY BOROUGH
Mail check & application to:
SEWICKLEY BOROUGH
P O BOX 428
SEWICKLEY, PA 15143

SEWICKLEY BOROUGH
TREE EXPERT REGISTRATION
CLASS A LICENSE APPLICATION

NOTE: CERTIFIED BOROUGH ARBORIST FOR TRIMMING TREES

1. APPLICATION DATE: ________________________________

2. ANNUAL LICENSE FEE IS $25.00, JANUARY 1 THROUGH DECEMBER 31.
   AMOUNT PAID: $______________ DATE: ________________
   VIA: ____________________________________________ (No prorating of $25.00 fee is permitted.)

3. COPY OF CURRENT WORKERS’ COMPENSATION INSURANCE CERTIFICATE
   LISTING SEWICKLEY BOROUGH AS CERTIFICATE HOLDER MUST BE ATTACHED
   HERETO.
   VERIFIED: YES

4. COPY OF LIABILITY INSURANCE IN THE MINIMUM AMOUNT OF $500,000 FOR
   BODILY INJURY AND DAMAGE TO PROPERTY, TO COVER AND SAVE HARMLESS
   THE BOROUGH AND ITS AGENTS FROM ALL SUITS AND CLAIMS, MUST BE
   ATTACHED HERETO.
   VERIFIED: YES

5. INTERNATIONAL SOCIETY OF ARBORICULTURE CERTIFIED ARBORIST EMPLOYED
   BY LICENSEE:

   NAME: ____________________________________________

   ADDRESS: ____________________________________________

   __________________________________

   TELEPHONE: ______________________ FAX: ______________________

   Email address: ____________________________________________
6. LICENSEE, BY FILING THIS APPLICATION, HEREBY AGREES TO OPERATE UNDER CURRENT ANSI GUIDELINES.

7. LICENSEE, BY FILING THIS APPLICATION, AGREES TO PERFORM ALL WORK ACCORDING TO THE NATIONAL ARBORIST ASSOCIATION STANDARDS AND ACCEPTED ARBORICULTURAL PRACTICES.

_________________________ SIGNATURE

_________________________ PRINTED NAME & TITLE

_________________________ BUSINESS NAME

_________________________ BUSINESS ADDRESS

_________________________ BUSINESS TELEPHONE

_________________________ BUSINESS FAX

AM AUTHORIZED TO MAKE THIS APPLICATION ON BEHALF OF

_________________________ Business Name

OR REPRESENTATIVES OF

_________________________ Business Name

WILL ADHERE TO SEWICKLEY BOROUGH ORDINANCE NO. 1152 AND THE ABOVE STATED TERMS OF THIS LICENSE.

LICENSE ISSUE DATE:

LICENSE EXPIRATION DATE: DECEMBER 31, 2

LICENSE ISSUED BY: __________________________ Borough Manager

**COPY OF THIS SIGNED APPLICATION SHALL CONSTITUTE THE LICENSE. UPON REQUEST BY BOROUGH OFFICIALS, LICENSE MUST BE PRODUCED BY LICENSEE TO PROVE THAT HE/SHE IS AN AUTHORIZED LICENSEE.**