

**APPLICATION FOR CERTIFICATION
AS A "CERTIFIED KANSAS ARBORISTS"**

NAME: _____
NAME OF FIRM OR EMPLOYER: _____
STREET: _____
CITY: _____ STATE: _____ ZIPCODE: _____
COUNTY: _____ MEMBERSHIP DUES \$20.00
PHONE: (____) _____ home CERTIFICATION DUES \$15.00
(____) _____ work PROCESSING FEE \$15.00

DO NOT SEND ANY PAYMENT FOR CERTIFICATION AT THIS TIME. YOU WILL BE BILLED AFTER ACTION IS TAKEN ON YOUR APPLICATION. IF YOU HAVE NOT PAID YOUR KAA MEMBERSHIP DUES, YOU MAY ENCLOSE \$20.00. THANK YOU.

REFERENCES: (#1 and #2 are for current Certified Arborists)

#1 Name: _____
Address: _____
City: _____
Phone: (____) _____

I recommend the above named individual for Certification.

(Signature)

#2 Name: _____
Address: _____
City: _____
Phone: (____) _____

I recommend the above named individual for Certification.

(Signature)

#3 Name: _____
Address: _____
City: _____
Phone: (____) _____

I recommend the above named individual for Certification.

(Signature)

CERTIFICATION OF EXPERIENCE

Why do you want to be certified? _____

JOB EXPERIENCE DOCUMENTATION

1. Present Employer: _____
(if self employed, print name of business)

Position or Title: _____

Address: _____

City: _____ State: _____ ZipCode _____

Supervisor: _____ Phone: (____) _____

Date Started: _____ Date Left: _____

(if applicable) Reason for leaving: _____

What are your duties? _____

Other Applicable Experience

2. Employer: _____

Position or Title: _____

Address: _____

City: _____ State: _____ ZipCode _____

Date Started: _____ Date Left: _____

Reason for leaving: _____

What were your duties? _____

If needed or desired attach additional information for applicable experience.

I, _____, hereby certify that I have met the qualifications and requirements for certification as specified in the Application for Certification and in the Bylaws of the Kansas Arborists Association to gain the title of "Certified Kansas Arborists."

Signature

Date

DO NOT WRITE IN THIS SPACE

Reviewer: _____

Approved: _____

Denied: _____ Reason: _____

CERTIFICATION OF INSURANCE

I _____, hereby certify that I am insured in the amount of \$50,000

Please print name

Property Damage and \$100,000 Personal Liability, or ample amount to meet current needs of my work, as specified in the Bylaws of the Kansas Arborists Association as a requirement for the title "Certified Kansas Arborists."

Signature

Date

Please provide the following information and include a certificate of insurance.

Insurance Company

Agent's Name

Agent's Address

*Some institutions such as a city, state or other governmental agency, or private organization which employs you as an arborist may cover your liability by their insurance or exemption from liability by law. If so, please give name and address of employer.

