

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

(Please Print or Type)

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 KAA 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 Left: _____
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

Return the completed application to:

**Dr. Charles Long
Kansas Arborist Association
4703 K-177 Highway
Alta Vista, KS 66834**

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.

