



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

Place of Birth

City

State

County

8. Current Employer

9. Employer's Address

Number Street

City

State

Zip Code

County

☐ Yes

☐ No

10. Have you ever been convicted of any crime other than a motor vehicle traffic violation?

If yes, provide:

Date of Conviction

Type of Crime

☐ Felony

☐ Misdemeanor

Probation Status

☐ On Propation

☐ Probation Complete

☐ No Probation

**Exam Results are only valid for the period of one (1) year from date of approval.**

11. 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.

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

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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.

**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**