



Initial Application for Arborist License

Applicant's Name: _____

Owner's Name if Different than Applicant: _____

Name of Business: _____

Address: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Kind of Business: _____

Other Cities where you hold an Arborist License: _____

Scope of Services Offered: _____

List Equipment Owned or Leases: _____

Number of Employees: Full-time: _____ Part-time: _____

Pesticide License Number (if applicable): _____

Categories: _____ Expiration Date: _____

You must provide a current copy of your Colorado Pesticide License to receive the Pest Control category on your Arborist License.

Education:	Date Graduated
High School: _____	_____
College: _____	_____
Major Field: _____	
Major Field: _____	
Graduate or other professional training: _____	

Experience: (list years in business and prior experience): _____

Professional Affiliations: _____

Certifies Arborist Number and Expiration Date: _____

Certified Tree Worker Number and Expiration Date: _____

Applicant Signature

Date

Return to:

Ralph Zentz, Assistant City Forester
City of Fort Collins
413 S Bryan Ave.
Fort Collins CO 80521
rzentz@fcgov.com
221-6302