



ARBORIST LICENSE RENEWAL APPLICATION

Applicant's Name: _____

Owner's Name if different than applicant: _____

Business Name: _____

Address: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Current City of Fort Collins Arborist License Number: _____

List any changes in the scope of service from previous year:

If you have the pesticide category, list any changes or additions to pesticide licensing and submit with this application a copy of your current Colorado Commercial Pesticide Applicator's License.

Number of Employees: Fulltime _____ Seasonal _____

Certified Arborist Number and Expiration Date: _____

Certified Tree Worker Number and Expiration Date: _____

Licensee agrees to maintain in force for the term of the license, a commercial general liability insurance policy covering all of the applicant's tree service operations in the city, with a minimum limit of one million dollars per occurrence. The City of Fort Collins must be named as an additional insured on the policy. Submit proof of insurance with this renewal application.

Company Owner or Corporate Officer

_____ Date

If you are no longer in business in the City of Fort Collins, Please notify us, so we may close your files.

Thank You

Return to:

Tim Buchanan, City Forester
City of Fort Collins
413 S Bryan Ave.
Fort Collins CO 80521
tbuchanan@fcgov.com
970-221-6361