Qualified Arborist Application

General/Structural/Corrective Pruning, Trimming, Trenching, Root Pruning, Stump/Tree Removal

Arborist Name: _____

A. WORK HISTORY

List below three projects that you have worked on **that are similar to the work explained in this contract.**

CUSTOMER OR COMPANY	INSPECTOR OR CONTACT PERSON	CONTACT PHONE	# OF TREES MANAGED	# OF PEOPLE SUPERVISED	BEGIN AND END DATES OF CONTRACT / JOB

B. EXPERIENCE SUMMARY - please answer the following questions **as they pertain to the specifications of this contract**:

1. IDENTIFICATION - Describe your responsibilities in identifying trees and state purposes for making identifications.

2. SCOPE OF WORK

a) Explain what type of work you have performed and the goals of that work.

b) What types of equipment and tools have you used and are familiar with?

B. EXPERIENCE SUMMARY (continued)

3. SAFETY

a) Describe in detail your experience in recognizing tree hazards and how these conditions were addressed. Were they reported in writing or verbally? Were they removed upon your discretion? Were they pruned and monitored?

b) Explain in detail your experience in tree operation safety and your expertise in applying rules and regulations at the job site, including but not limited to appropriate traffic control measures and application of **ANSI Z133-current version**, and **Pruning Part 1, A300-current version**.

4. CLEARANCE, GROWTH HABITS AND GROWTH RATES - Describe two (2) examples of jobs you have had where the knowledge of tree growth rates, growth habits, and their proper clearances were necessary to fully comply with the contract or job, and how you applied that knowledge.

I hereby certify that all statements made on or in connection with this application including those regarding my education and employment record are true and correct to the best of my knowledge. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all rights to any employment in the service of the City and County of Honolulu. I understand that all information is subject to verification.

Signature of Applicant _____ Print Name _____

International Society of Arboriculture
(ISA) Certification Number: _____ Expiration Date _____

****Attach copies of your current ISA Certified Arborist and Tree Risk Assessment Qualification credentials.****

Today's Date _____