



# NEBRASKA CERTIFIED ARBORIST APPLICATION

521 First Street, PO Box 10, Milford, NE 68405  
Phone: (402) 761-2219 Fax: (402) 761-2224

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK/CELL PHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

## CODE OF ETHICS

I hereby state that I have read the International Society of Arboriculture's Code of Ethics and understand the provisions set out therein.

\_\_\_\_\_  
Signature Date

## EXPERIENCE/EDUCATION (please check one)

\_\_\_\_\_ I certify I have successfully completed all three components of the NAA Arborists School:

- Part I: Tree ID, Evaluation & Selection, Planting & Establishment completed on \_\_\_\_\_, 2022
- Part II: Pruning, Climbing and Safety Class completed on \_\_\_\_\_, 2022
- Part III: Plant Health & Tree Biology Class completed on \_\_\_\_\_, 2021 or 2022

(or)

\_\_\_\_\_ I certify I have two years experience in arboriculture

## TEST SCORE

Date you passed the NAA Certification test OR the \_\_\_\_\_ First Class Arborist test.

\_\_\_\_\_ city  
\_\_\_\_\_ Year \_\_\_\_\_. Score: \_\_\_\_\_  
Date

*(please enclose proof of current First Class Arborist License, if applicable)*

## SAFETY

I have read the company safety policy/plan and agree to help maintain a safe work environment. \_\_\_\_\_ YES \_\_\_\_\_ NO

I have completed both the Red Cross First Aid on \_\_\_\_\_, 20\_\_\_\_\_, and the CPR training course on \_\_\_\_\_, 20\_\_\_\_\_. *(please enclose proof of current certification for both courses)*

## INSURANCE

Attached is a copy of my company's liability insurance coverage. If I work for the government or a large organization, I have attached a letter indicating the organization's coverage and my intent to do tree work *only for this organization*.

**FEE - Enclosed is my \$70 Certification fee as an NAA member (non-member fee is \$120).**  
*(payment must be received to process the Certification Application)*

I certify that the information provided on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature Date

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.