



City of Williamsport

245 West 4th Street · Williamsport, PA 17701
(570) 327-7500

Bureau of Codes

(570) 327-7517

Street Arborist License Application

Date: _____

Business Information

Business Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Applicant Information

First Name:

Last Name:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Name of employees who will be conducting business under said business name:

Insurance Information

Please check all that apply:

No employees

Employees

Only sub-contractors

Copy of Certificate of Worker's Compensation (only if contractor has employees)

Copy of Certificate of Liability Insurance (only if contractor has NO employees)

If the Workers Compensation or Liability insurance policy expires, lapses, or is canceled by the end of the calendar year for which registration has been accomplished with the City, or if the applicant changes the coverage to a different policy or company, the applicant is responsible to submit a new copy of the certificate of insurance coverage to the Bureau of Codes office/City of Williamsport.

Training Information

Course Name:

Start Date:

End Date:

Course Name:	Start Date:	End Date:
Course Name:	Start Date:	End Date:
Course Name:	Start Date:	End Date:
Course Name:	Start Date:	End Date:
Course Name:	Start Date:	End Date:

Prior Experience	
Employer Name:	
Start Date:	End Date:
Reason for Leaving:	Description of Work
Employer Name:	
Start Date:	End Date:
Reason for Leaving:	Description of Work
Employer Name:	
Start Date:	End Date:
Reason for Leaving:	Description of Work

Certificates

Please attach all copies of related certificates.

Reference Information

First Name:

Last Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

First Name:

Last Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

First Name:

Last Name:

Relationship:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Compliance Information

I agree that all trimming, spraying, planting, pruning and removal of public trees and shrubs shall be done in accordance with [Article 915 of the Codified Ordinances](#) of the City of Williamsport and the [ANSI 300](#), for tree, shrub and other woody plant management.

My signature on this application constitutes that I have read the above information on the application and verifies that the statements provided herein are true and that I am subject to the penalty of 18 P.A.C.,S,A, 4904 relating to unsworn falsifications of authorities.

Applicant Signature:

Official Use Only

Approved

Denied

Reason:

Approved by:

Date:

City Forrester

Insurance Certificates:

Yes No

Fees Due:

Paid

Fees processed by: