



STATE OF NEW JERSEY  
**BOARD OF TREE EXPERTS**  
101 W Veterans Highway  
Jackson NJ 08527  
(732)534-0982



**Tree Care Business Registration Form**

Initial Application

Date \_\_\_\_\_

1. Name of Business \_\_\_\_\_

2. Physical Address of Primary Office \_\_\_\_\_  
Number Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

3. Mailing Address (if different from above) \_\_\_\_\_  
Street Address or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Does the business have multiple locations, branches or names?  Yes  No (If yes, use attachment A.)

5. Telephone \_\_\_\_\_ 6. Fax \_\_\_\_\_

7. E-mail Address \_\_\_\_\_

Website Address \_\_\_\_\_

8. Name of Business Owner \_\_\_\_\_

9. Residential Address \_\_\_\_\_  
Number Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

10. Does the business have more than one owner?  Yes  No (If yes, use attachment A.)

11. Fill in the boxes below concerning **liability insurance**. Include proof of general liability insurance coverage or a letter of credit with this application. (See instructions for minimum insurance limits.)

|                           |
|---------------------------|
| Name of Insurance Carrier |
|---------------------------|

|               |
|---------------|
| Policy Number |
|---------------|

12. Fill in the boxes below concerning **workers' compensation** information and include proof workers' compensation insurance coverage with this application.

|                           |
|---------------------------|
| Name of Insurance Carrier |
|---------------------------|

|               |
|---------------|
| Policy Number |
|---------------|

13. (This page can be copied if more than five (5) licensed individuals are employed by the business.)  
 If **initial registration**, as per the law, you have until April 12th, 2018, or the passage of four (4) testing cycles, to designate a licensee (contact the Board for more information):

|                 |                |
|-----------------|----------------|
| Name:           | Address:       |
| License Number: | Branch Office: |

|                 |                |
|-----------------|----------------|
| Name:           | Address:       |
| License Number: | Branch Office: |

|                 |                |
|-----------------|----------------|
| Name:           | Address:       |
| License Number: | Branch Office: |

|                 |                |
|-----------------|----------------|
| Name:           | Address:       |
| License Number: | Branch Office: |

|                 |                |
|-----------------|----------------|
| Name:           | Address:       |
| License Number: | Branch Office: |

14. TYPE OF TREE CARE SERVICES PERFORMED: **Please check all services your company performs.**

**All Services below are for the LTE -- Services for the LTCO are marked:**

- |  |   |
|--|---|
| <input type="checkbox"/> Tree Maintenance (Pruning & Repairing) - (LTCO)<br><input type="checkbox"/> Tree Removal, Brush Cutting or Removal - (LTCO)<br><input type="checkbox"/> Stump Grinding or Removal - (LTCO)<br><input type="checkbox"/> Pesticide Applications<br><input type="checkbox"/> Tree Appraisals/Insurance Claims<br><input type="checkbox"/> Plant Health Care (I&D/Fertilization/Soil)<br><input type="checkbox"/> Utility Line Clearance/Vegetation Management<br><input type="checkbox"/> Mechanical Tree Spade Services | <input type="checkbox"/> Community Forestry Management Plans<br><input type="checkbox"/> Tree Establishment<br><input type="checkbox"/> Lightning Protection<br><input type="checkbox"/> Tree Assessment and Risk Management<br><input type="checkbox"/> Tree Management Site Planning & Development<br><input type="checkbox"/> Cabling and Bracing<br><input type="checkbox"/> Community Forestry/Shade Tree Inventory<br><input type="checkbox"/> Planning and Consulting Services |
|--|---|

15. REGISTRATION FEE

Please enclose the required fee for biennial registration: \$200.00  
Checks should be made to: **Treasurer, State of New Jersey**

16. PROOF OF EMPLOYEE SAFETY TRAINING COURSES

If not the initial business registration, attach proof of employee safety training courses, which includes a **Model Tree Safety Training Checklist**.

17. PROOF OF LIABILITY INSURANCE AND WORKERS COMPENSATION

Proof of current **LIABILITY INSURANCE AND WORKERS COMPENSATION** must be sent by fax (1-732-534-0983), by email ([njtreeexperts@gmail.com](mailto:njtreeexperts@gmail.com)) or mail to the Board of Tree Experts from your insurance company with the classification codes for **TREE WORK: Liability: Code 99777**, and **Workers Comp: Code 0106** (if applicable) noted on the policy certificate.  
Note: For Licensed Tree Experts (CTEs until converted) doing tree consultant work ONLY, the classification code under General Liability Insurance (GLC) for Consultants is: 41677, or an equivalent BOP (Business Owner Policy) code of 42891 is acceptable.

18. DECLARATION

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying attachments and documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for suspension or revocation of the business registration issued pursuant to this application.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

19. **For Office Use Only**

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

NJTC #: \_\_\_\_\_

Number of Registration Document Certificates(s): \_\_\_\_\_

## Tree Care Business Registration Form - Attachment A

**This form should be used if:**

- the tree care business has multiple locations or branch offices,
- there is more than one owner of the business, or
- the business operates using multiple names.

\_\_\_\_\_

1. Fill in the boxes below for all secondary locations or branch offices of the business.

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

|  |          |
|--|----------|
| Branch Office:   | Address: |
| DBA (if different from Name of Business on main form): |          |

3. Fill in the boxes below for all owners of the business not previously listed.

Owner Name:  
  
Address:

Owner Name:  
  
Address:

Owner Name:  
  
Address:

Owner Name:  
  
Address:

Owner Name:  
  
Address:

Owner Name:  
  
Address:

3. Fill in the boxes below with all names the business advertises under or does business as (dba).

dba:

dba:

dba:

dba:

dba:

dba:

dba:

dba: