



STATE OF NEW JERSEY
BOARD OF TREE EXPERTS

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**Application for Exemption from
Licensed Tree Expert Examination
(The "*Grandfathering*" Clause to Become an LTCO)**

I. 73A-3.4 Exemption from LTCO Examination

For 360 days after the date regulations are promulgated: April 17th 2017, any person of good moral character who has documented to the satisfaction of the New Jersey Board of Tree Experts that he or she has been engaged in the practice of arboriculture for seven years preceding April 17th 2017, may acquire a license as a Tree Care Operator without sitting for an examination.

1. Documentation necessary for acquiring a Tree Care Operator license under this section includes, but is not limited to, the following:

- A) State or federal income tax returns, **WITH SOCIAL SECURITY NUMBER REDACTED** for the preceding seven years listing the individual's occupation as an arborist, forester, foreman, grounds man or ground worker, horticulturist, or other title recognized as being associated with arboriculture or the tree care industry and the name of the employer. **Only the front page of the tax return is needed as long as it says who it is, the tax year and their occupation. Income information can also be redacted.** A New Jersey Business Certificate copy dating back to at least 2010 is also acceptable.
- B) If exempt from paying taxes, the applicant may make a written request to the Board to submit alternative documentation of employment.
- C) Three letters of reference from professionals in the field of arboriculture or in a closely related field, who have first-hand knowledge of the applicant's work and moral character.

2. The employer's documentation shall coincide with the time period of the individual's income tax returns.

II. 7:3A-6.1 Fee

License Application Fee: \$50.00

A license application fee of \$50.00 is required with this application.

Checks should be made payable to **Treasurer, State of New Jersey** and submitted with this application.

III. Personal Data

1. Name

Last First MI

2. Legal Residence

Number Street

City State Zip Code County

3. Telephone

Home Business Ext. Cell

4. E-mail Address

5. Sex Male Female

6. Date of Birth

7. Place of Birth

City State County

8. If native born, are you a naturalized citizen? Yes No

9. If not naturalized, have you applied for citizenship? Yes No

If yes, what is the anticipated date of finalization of citizenship request?

Year Month

10. Current Employer (if other than above)

11. Employer's Address

Number Street

City State Zip Code County

12. Have you ever been convicted of any crime other than a motor vehicle traffic violation? Yes No

If yes, provide:

Date of Conviction

Type of Crime

Probation Status

Felony

On Probation

Misdemeanor

Probation Completed

No Probation

13. Driver's License #:

IV. Employment Record

Beginning with your present position and working backwards, list and describe each position in which you have been employed. In describing your work be specific as to the type of work performed and the duties and responsibilities of the position. (If additional space is needed, attach supplemental sheets.)

Employer Information (1) Name: _____ Address: _____ Number Street _____ City State Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____ Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Employer Information (2) Name: _____ Address: _____ Number Street _____ City State Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____ Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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Employer Information (3) Name: _____ Address: _____ Number Street _____ City State Zip Code <u>Dates of Employment:</u> <u>Total Time Employed:</u> From: _____ Years: _____ Months: _____ To: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time, # of Hours Per Week: _____	Job Title: _____ Description of Work (11 lines of text allowed): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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<p>Employer Information (4)</p> <p>Name: _____</p> <p>Address: _____</p> <p style="margin-left: 40px;">Number Street</p> <p style="margin-left: 100px;">_____</p> <p style="margin-left: 40px;">City State Zip Code</p> <p><u>Dates of Employment:</u> <u>Total Time Employed:</u></p> <p>From: _____ Years: _____ Months: _____</p> <p>To: _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time, # of Hours Per Week: _____</p>	<p>Job Title: _____</p> <p>Description of Work (11 lines of text allowed):</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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V. Declaration

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying 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 denial of the application or suspension or revocation of any certification issued pursuant to this application.

Signature of Applicant

Date

Important

Copies of certificates, awards, transcripts, diplomas, and other similar documents may be required, if deemed necessary by the Board of Tree Experts.

Read these instructions carefully before submitting your application.

- Have you answered all questions? Check to make sure you have fully completed the application.
- Have you signed your application above?
- Have you gathered and copied all necessary documentary evidence in support of your experience qualifications ready to be mailed with the application?
- Did you include the fee?

Send this application and and fee with necessary supporting documentation to:

**Board of Tree Experts
101 W Veterans Highway
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