



STATE OF NEW JERSEY
BOARD OF TREE EXPERTS

101 W Veterans Highway
Jackson, NJ 08527
732-534-0982
732-534-0983 (fax)
njtreeexperts.org
njtreeexperts@gmail.com



LICENSE by RECIPROCITY

I. I am applying for Reciprocity for the (check one):

- Licensed Tree Expert Licensed Tree Care Operator

II. 7:3A-3.9 Reciprocity

The Board may, in its discretion, grant a license to any person who is the lawful holder of a substantially equivalent license or certification issued by another jurisdiction and is in good standing with the licensing agency for that jurisdiction. The Board's considerations in making this determination shall include, but not be limited to, the requirements to be granted the subject certification or license, and the subjects, format, length, and question structure of the examination an individual must pass to obtain the certification or license. The Board shall post on its website at www.njtreeexperts.org a listing of those certifications and licenses issued by other jurisdictions that it has determined to be substantially equivalent to either the Tree Expert or Tree Care Operator license. As of the date of adoption of the Rules, April 17, 2017, there is no list of equivalent credentials.

1. Documentation necessary for acquiring a Tree Care Operator license under this section includes:

- A) Submit proof a valid certification or license issued by another jurisdiction, which the applicant wants the New Jersey Board of Tree Experts to consider to be substantially equivalent to the license chosen above by the applicant.
- B) The applicant is in good standing with the licensing agency for the issuing jurisdiction.

III. 7:3A-6.1 Fee

Reciprocity License Application Fee: \$75.00

A Reciprocity License Application fee of \$75.00 is required with this application.

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

IV. Personal Data

1. Name

_____ MI
Last First

2. Legal Residence

_____ Street
Number

_____ County
City State Zip Code

3. Telephone

_____ Cell
Home Business Ext.

4. E-mail Address

5. Sex Male Female

6. Date of Birth

7. Place of Birth

_____ County
City State

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

_____ Street
Number

_____ County
City State Zip Code

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 #:

V. 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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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
Jackson, NJ 08527**