

CERTIFIED ARBORIST EXAM APPLICATION FORM

NOTE: This completed application must be received by the NZAA by the closing date as specified for the exam. If your application is approved, you should receive a confirmation letter or follow up phone call.

1 Mr Mrs Miss Ms Dr

PRINT LAST NAME _____ PRINT FIRST NAME _____ MIDDLE INITIAL _____

2 COMPANY NAME _____ TICK IF BUSINESS ADDRESS

NUMBER AND STREET _____

CITY _____ STATE (PROVINCE) _____ POSTAL CODE _____

The address you indicate will be used for all future correspondence by ISA. In addition, you can elect to have this information published and distributed in ISA Certified Arborists lists.

3 Phone Numbers _____ HOME _____ BUSINESS _____

Fax Number _____ CELL/ALTERNATE# _____

Email Address _____

4 Date you wish to take the exam: ____/____/____

5 Location _____ CITY _____ STATE (PROVINCE) _____ COUNTRY _____

6 Language request English

7 Some Certified Arborists do not wish their names to be distributed to the public or to other interested parties (vendors, potential employers, etc.). If you do NOT wish to have your name included in Certified Arborists lists for distribution, please indicate here.

8A Member of ISA Yes No I.D. # _____

8B Member of ISA Chapter Yes No Chapter _____

9 Special accommodations must be approved by certification staff.

10 **Educational Experience** (must be related to arboriculture)

Name of course _____

Address _____ CITY _____ STATE (PROVINCE) _____ POSTAL CODE _____

Type of Degree _____ Major _____

Date of Enrollment FROM MONTH YEAR TO MONTH YEAR TOTAL TIME

11 **Practical Experience** (this information is required for application approval)

Current or Most Recent Employer (Company) _____

Your Position _____

Contact Person _____ Phone Number _____

His/Her Title _____

Company Address _____

NUMBER AND STREET

CITY

STATE (PROVINCE)

POSTAL CODE

Date of Employment _____
FROM MONTH YEAR TO MONTH YEAR TOTAL TIME

Responsibilities of Your Position (this information is required for application approval)

Previous Employer _____

Your Position _____

Contact Person _____ Phone Number _____

His/Her Title _____

Company Address _____

NUMBER AND STREET

CITY

STATE (PROVINCE)

POSTAL CODE

Date of Employment _____
FROM MONTH YEAR TO MONTH YEAR TOTAL TIME

Responsibilities of Your Position (this information is required for application approval)

If there is not enough space to list the required 3 years experience with your current and previous employers, please attach an additional sheet.

SIGNATURE _____ DATE _____

12 **Fees**

NZ\$180.00 – ISA and chapter member (Must be BOTH a member of ISA *and* a chapter)

NZ\$335.00 – ISA member only, chapter member only, or non-member

Make check payable to New Zealand Arboriculture Association and mail to;

New Zealand Arboriculture Association
P O Box 5699
Wellesley Street
Auckland, New Zealand

CERTIFICATION AGREEMENT

For and in consideration of NZ\$180 for **both ISA and** chapter membership (non-member fee NZ\$335) and the mutual covenants contained herein, the International Society of Arboriculture (ISA) agrees that the undersigned applicant, upon receiving written notice of successful completion of the ISA Certified Arborist examination, shall become certified under the ISA Professional Certification Program as described in the ISA professional certification booklet attached hereto and made a part hereof, and applicant agrees that he or she has reviewed and understands the provisions of the program, and further agrees to adhere to all the terms and provisions of this agreement and the program procedures.

The applicant and ISA further agree that certification under this program is for an initial term of three years and may be renewed for additional terms upon: (1) accumulation of required continuing education units; (2) payment of applicable recertification fees, as provided in the program; and (3) execution of such recertification agreements and the fulfilment of such other requirements as may from time to time be required by the ISA under the program.

Applicant understands that the ISA Professional Certification Program is totally separate from ISA membership and all other ISA programs, and that certification under this program does not create in the certified party any ISA membership rights nor any rights in any other ISA program including but not limited to, the rights to use any other ISA mark. The applicant also agrees that he or she will immediately cease any use of any ISA certification mark or other reference to the ISA Professional Certification Program upon notice from ISA that his or her rights have been revoked or suspended.

Applicant understands and agrees that the certification will be personal to the applicant and may not be transferred or assigned to any other individual or entity. Applicant agrees that use of the certification and related mark by an employer must be in accordance with ISA certification procedures and guidelines.

Applicant agrees to indemnify and hold harmless ISA, its directors, officers, staff, Certification Program Board of Directors, agents, and employers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of applicant's participation in the ISA Professional Certification Program and use of the ISA certification emblem or other reference to the ISA Professional Certification Program.

Applicant's Signature _____ Date _____

Printed Name _____



- I have completed questions 1 - 12
- I have signed the CERTIFICATION AGREEMENT
- I have included my payment check payable to New Zealand Arboriculture Association
- (Optional) I have faxed a copy of my completed form to (03) 455 1520



FOR OFFICE USE ONLY

Applicants verified by _____

Additional information needed \$ responsibilities/experience other

Comments _____
