

Arborist Program
Maine DACF
28 State House Station
Augusta ME 04333
(207) 287-4515

OFFICE USE ONLY

Date Fee Rec'd: _____
Amount Paid: _____

Arborist License Renewal for _____ (year)

Name: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check all that apply:

Preferred Phone: _____ [] Work [] Home [] Cell

Additional Phone: _____ [] Work [] Home [] Cell

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Name of Insurance Company: _____

Check here if you will not perform work requiring an arborist license and want to maintain your license. []

- If you check this box, you will not receive a paper license, and your license will be considered inactive.
- If you wish to reactivate your license, you must submit a current certificate of liability from your insurance company.

Check here if you are no longer performing arborist work and are not renewing your license. []

License fee: If paid after January 1, include a \$10 late fee.

First Class Landscape **or** Utility Arborist: \$30
First Class Landscape **and** Utility Arborist: \$45
Apprentice Permit: \$30

Master Landscape **or** Utility Arborist: \$30
Master Landscape **and** Utility Arborist \$45

Please make a check (or money order) payable to the TREASURER STATE OF MAINE and return the form to the above address.

Have you been convicted of a crime (other than minor traffic violations) since your last license renewal? [] NO [] YES

If "yes," please list the date(s) and crime(s) on a separate piece of paper and submit a copy of the court judgment(s).

By signing this form, I state that I will not engage in arboriculture work without proper insurance coverage, as stated by the Department of Agriculture, Conservation, and Forestry regulations.

SIGNATURE REQUIRED FOR RENEWAL _____ DATE _____