

AFFIDAVIT
CLASS A LICENSE

To be completed by license holders whose qualifiers are certified arborists with the International Society of Arboriculture (ISA) or the American Society of Consulting Arborists (ASCA)

The undersigned certifies that the required number employees have either successfully completed the tree trimmer training course offered by the Extension Education Division or have completed a substitute training course.

The applicant will immediately notify the Permitting, Licensing and Consumer Protection Division of any changes in writing.

Any willful falsification of any information contained on this application or attached forms are grounds for disqualification.

Name of Qualifying Arborist

Name of Government Agency/Business Organization
(If Applicable)

Signature of Qualifying Arborist

**STATE OF FLORIDA,
COUNTY OF BROWARD**

Sworn and subscribed to before me this _____ Day of _____, 200__.

Personally known: _____ Or; Produced ID: _____ (Type produced) _____

Notary Public _____

My Commission Expires: