

Dear ISA Certified Arborist,

The Wisconsin Arborist Association is compiling the 2009 directory for Certified Arborist for Hire. This searchable directory will be available to the public on the WAA website as soon as this survey is completed. The public will be able to find a Certified Arborist for Hire by selecting the services offered or by the counties listed as served by the arborist. The email address and company website for each Certified Arborist for Hire will be available as a direct link for the public as well.

The WAA requires that each person or company listed as a Certified Arborist for Hire have a valid Wisconsin Seller's Permit to be included in the directory. It is your responsibility to have proper insurance coverage. A \$ 25 fee is also required for inclusion in the directory.

Please return the completed form, a copy of your Wisconsin Seller's Permit and the \$25 check made out to the Wisconsin Arborist Association to:

Aaron Lehnert, Certification Chair
PO Box 573
Sussex, WI 53089

The form must be returned to be included in the directory.

Please contact me at 262-442-7364 or at aaronlehnert@yahoo.com with any questions or concerns.

Thanks,

Aaron Lehnert
WAA Certification Chair

Name _____ Certified Arborist # _____

Address _____

City, State, Zip _____

Email Address _____ Wisconsin Seller's Permit Number _____

Phone Number _____

Company Name _____

Company Address _____

Company City, State, Zip _____

Company Phone _____ Company Website _____

Please indicate the services you provide:

<input type="checkbox"/> Tree Pruning	<input type="checkbox"/> Tree Removal	<input type="checkbox"/> Stump Removal
<input type="checkbox"/> Cabling and Bracing	<input type="checkbox"/> Lightning Protection	<input type="checkbox"/> Tree Planting
<input type="checkbox"/> Tree Moving	<input type="checkbox"/> Tree Fertilization	<input type="checkbox"/> Insect and Disease Diagnosis
<input type="checkbox"/> Tree Injection	<input type="checkbox"/> Woodlot Consulting	<input type="checkbox"/> Insect and Disease Treatment
<input type="checkbox"/> Plant Health Care	<input type="checkbox"/> Landscape Consulting	<input type="checkbox"/> Street Tree Inventory
<input type="checkbox"/> Urban Forestry Consulting	<input type="checkbox"/> Hazardous Tree Evaluation	<input type="checkbox"/> Tree Appraisal
<input type="checkbox"/> Staff Training	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Expert Witness

Please indicate any other designations you have documentation proving that you are certified, registered or licensed for:

<input type="checkbox"/> Registered Consulting Arborist	#	_____
<input type="checkbox"/> Board Certified Master Arborist	#	_____
<input type="checkbox"/> Certified Tree Worker	#	_____
<input type="checkbox"/> Utility Specialist	#	_____
<input type="checkbox"/> Municipal Specialist	#	_____
<input type="checkbox"/> Licensed Pesticide Applicator	#	_____
<input type="checkbox"/> TCIA Accredited Company	#	_____

Please indicate the counties you service:

<input type="checkbox"/> Adams	<input type="checkbox"/> Ashland	<input type="checkbox"/> Barron	<input type="checkbox"/> Bayfield
<input type="checkbox"/> Brown	<input type="checkbox"/> Buffalo	<input type="checkbox"/> Burnett	<input type="checkbox"/> Calumet
<input type="checkbox"/> Chippewa	<input type="checkbox"/> Clark	<input type="checkbox"/> Columbia	<input type="checkbox"/> Crawford
<input type="checkbox"/> Dane	<input type="checkbox"/> Dodge	<input type="checkbox"/> Door	<input type="checkbox"/> Douglas
<input type="checkbox"/> Dunn	<input type="checkbox"/> Eau Claire	<input type="checkbox"/> Florence	<input type="checkbox"/> Fond du Lac
<input type="checkbox"/> Forest	<input type="checkbox"/> Grant	<input type="checkbox"/> Grant	<input type="checkbox"/> Green
<input type="checkbox"/> Green Lake	<input type="checkbox"/> Iowa	<input type="checkbox"/> Iron	<input type="checkbox"/> Jackson
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Juneau	<input type="checkbox"/> Kenosha	<input type="checkbox"/> Kewanee
<input type="checkbox"/> La Crosse	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Langlade	<input type="checkbox"/> Lincoln
<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Marathon	<input type="checkbox"/> Marinette	<input type="checkbox"/> Marquette
<input type="checkbox"/> Menominee	<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Monroe	<input type="checkbox"/> Oconto
<input type="checkbox"/> Oneida	<input type="checkbox"/> Outagamie	<input type="checkbox"/> Ozaukee	<input type="checkbox"/> Pepin
<input type="checkbox"/> Pierce	<input type="checkbox"/> Polk	<input type="checkbox"/> Portage	<input type="checkbox"/> Price
<input type="checkbox"/> Racine	<input type="checkbox"/> Richland	<input type="checkbox"/> Rock	<input type="checkbox"/> Rusk
<input type="checkbox"/> St. Croix	<input type="checkbox"/> Sauk	<input type="checkbox"/> Sawyer	<input type="checkbox"/> Shawano
<input type="checkbox"/> Sheboygan	<input type="checkbox"/> Taylor	<input type="checkbox"/> Trempealeau	<input type="checkbox"/> Vernon
<input type="checkbox"/> Vilas	<input type="checkbox"/> Walworth	<input type="checkbox"/> Washburn	<input type="checkbox"/> Washington
<input type="checkbox"/> Waukesha	<input type="checkbox"/> Waupaca	<input type="checkbox"/> Waushara	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Wood	<input type="checkbox"/> Northern IL	<input type="checkbox"/> Michigan UP	<input type="checkbox"/> Eastern MN
<input type="checkbox"/> Northeast IA			

Signature _____

Date _____

For Office Use Only

Received By _____

Date _____