



APPLICATION

Licensed Tree Expert

Title 5 of the Annotated Code of Maryland provides the basis for licensing of tree experts as shown below:

5-418. ISSUANCE, QUALIFICATIONS; INSURANCE

(a) The Department may examine an applicant for license as a tree expert and pass upon the competence of the applicant. It shall issue a "tree expert" license to any applicant, who:

- (1) Pays the fee provided in § 5-419 of this subtitle;
- (2) Has attained 18 years of age;
- (3)
 - (i) Has had 2 years of approved college education in forestry, arboriculture, horticulture, applied agricultural sciences, or the equivalent education and a minimum of 1 year of experience with a licensed tree expert in Maryland or with an acceptable tree expert company in another state; or
 - (ii) For at least 3 years immediately preceding the date of application has been engaged continuously in practice as a tree expert with a licensed tree expert in Maryland or with an acceptable tree expert company in another state; and
- (4) Has passed the examination given by the Department.

(b) Every licensee shall carry and show proof of liability and property damage insurance, in the form and amount required by the Department at the time it issues the license. The licensee shall maintain the insurance protection for the period the license is in effect.

- A license is good for two calendar years and must be renewed bi-annually.
- Incomplete or unsigned applications will not be processed and will be returned for resubmission.
- The fee to obtain this license is **\$30.00**. The fee for re-taking the exam is **\$20.00 per domain**.
- The fee to renew this license is **\$20.00**.

CURRENT LICENSED TREE EXPERTS ONLY:

Full Name: _____

License #: _____

Date Issued (MM/YYYY): _____

Has any of your Personal / Company information changed since you last renewed your Maryland Tree Expert license?

- ☐ **Yes.** Please fill out the relevant sections below to update your profile.
- ☐ **No.** Please continue to Section F.



Tawes State Office Building – 580 Taylor Avenue – Annapolis, Maryland 21401
410-260-8DNR or toll free in Maryland 877-620-8DNR
dnr.maryland.gov – TTY Users Call via the Maryland Relay



A. PERSONAL INFORMATION

First Name: _____

Address: _____

Middle Initial: _____

Last Name: _____

City: _____

Phone #: _____

State: _____

E-mail: _____

Zip Code: _____

Date of Birth: _____ / _____ / _____
MM DD YYYY

B. COMPANY INFORMATION

Company Name: _____

Employer Identification Number (EIN): _____

If Individual/Sole Proprietor, enter your Social Security Number (SSN): _____

Phone #: _____

Website: _____

E-mail: _____

Company Size:
Maximum number of employees during the previous
calendar year, including full-time, part-time, and
seasonal / temporary workers.

Address: _____

City: _____

☐ 1-10

State: _____

☐ 11-25

Zip Code: _____

☐ 26-50

☐ 51-100

☐ 101+

C. RECIPROCITY

- ☐ I am the lawful holder of a tree expert license under the laws of another state
- ☐ I am the holder of a valid certification from the International Society of Arboriculture
- ☐ Not applicable

License Issued by: _____ License #: _____

D. EDUCATION & EXPERIENCE

How are you qualifying?

- ☐ **Track A.** For 3 years immediately preceding the date of this applications, I have been engaged continually in practice as a tree expert with a licensed tree expert in Maryland or with an acceptable tree expert company in another state
- ☐ **Track B.** I have 2 years of education and 1 year of experience with a licensed tree expert in Maryland or with an acceptable tree expert company in another state.

E. CERTIFICATION OF EXPERIENCE

List names of Licensed Tree Experts (L.T.E.s), companies, and dates of practice below, followed by signatures of the Licensed Tree Experts you practiced under. **ALL SIGNATORIES:** I declare and affirm under penalties of perjury that the information I have supplied in this Application for Tree Expert License is true and correct to the best of my knowledge, information, and belief.

	Company	Term of Employment	LTE Name (First, Last) & License #	LTE Signature & Date
	Example Company	1/1/2022 - 4/15/2024	Dan Coy #000123	8/3/2024
1				
2				
3				
4				
5				

F. WORKERS' COMPENSATION

In order to comply with the State of Maryland's Workers' Compensation Act (Annotated Code of Maryland, Labor and Employment Article § 9-105 and Annotated Code of Maryland, Natural Resources Article § 1-402):

- ☐ I certify that I am a sole proprietor and do not have any employees for which Workers' Compensation insurance is required by law.
- ☐ I am providing a Certificate of Insurance for Workers' Compensation.

G. PROOF OF INSURANCE

Every tree expert must have, maintain, and show proof of liability and property damage insurance as required by Annotated Code of Maryland, Natural Resources Article § 5-418(b). It is the responsibility of the licensee to keep insurance coverage current and to provide DNR with current insurance information at all times while the license is active (including but not limited to when coverage is renewed and/or when insurance provider is changed).

Prior to issuance of a Tree Expert license, a copy of your current certificate of insurance must be submitted to the Department. If you do not intend to acquire insurance until after you pass the exam, please note that your license will not be issued until we receive the certificate. The Department of Natural Resources must be listed as a Certificate Holder on the insurance policy.

- ☐ I understand.

H. ACKNOWLEDGEMENT

In compliance with Annotated Code of Maryland, Natural Resources Article §§ 5-415–5-423, and COMAR 08.07.07, I agree to comply with the terms of licensure as described and am hereby making application for a Tree Expert License. I further declare and affirm under penalties of perjury that the foregoing information I have supplied in this Application for Tree Expert License is true and correct to the best of my knowledge, information, and belief.

Signature: _____

Date: _____

Make all checks payable to:

Maryland Forest Service

Maryland Department of Natural Resources
580 Taylor Ave, E-1
Annapolis MD 21401

Contact Us:

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