

14. **List the names and addresses of every designated Licensee employed by the business** and the location of the individual if at a branch office other than the business's primary office (This page can be copied if more than five licensed individuals are employed by the business).

Name:	Address:
License Number:	Branch Office:

Name:	Address:
License Number:	Branch Office:

Name:	Address:
License Number:	Branch Office:

Name:	Address:
License Number:	Branch Office:

Name:	Address:
License Number:	Branch Office:

15. TYPE OF TREE CARE SERVICES PERFORMS: **Please check all services your company performs**

All Services below are for the LTE - - - Services for the LTCO are marked

- | | |
|--|--|
| <input type="checkbox"/> Tree Maintenance (Pruning & Repairing)- (LTCO) | <input type="checkbox"/> Planning & Consulting Services |
| <input type="checkbox"/> Tree Removals, Brush Cutting or Removal- (LTCO) | <input type="checkbox"/> Tree Establishment |
| <input type="checkbox"/> Stump Grinding or Removal- (LTCO) | <input type="checkbox"/> Lightning Protection |
| <input type="checkbox"/> Pesticide Applications | <input type="checkbox"/> Tree Assessment & Risk Management |
| <input type="checkbox"/> Tree Appraisals/Insurance Claims | <input type="checkbox"/> Tree Mgt. Site Planning & Development |
| <input type="checkbox"/> Plant Health Care (I&D/Fertilization/Soil) | <input type="checkbox"/> Cabling & Bracing |
| <input type="checkbox"/> Utility Line Clearance/Vegetation Mgt. | <input type="checkbox"/> Comm. Forestry Shade Tree Inventory |
| <input type="checkbox"/> Mechanical Tree Spade Services | |

16. REGISTRATION FEE

Please enclosed the required fee for biennial registration: **\$200.00.**

After September 14, 2026, add in late fee of \$25.00

Checks should be made payable to the **Treasurer, State of New Jersey.**

17. SEND YOUR APPLICATION AND FEE WITH NECESSARY SUPPORTING DOCUMENTATION
TO: **Board of Tree Experts, 101 West Veterans Highway, Jackson, NJ 08527**

18. PROOF OF LIABILITY INSURANCE AND WORKERS COMPENSATION

Proof of current **LIABILITY INSURANCE AND WORKERS COMPENSATION** must be sent by fax (732-534-0983), by email (njtreeexperts@gmail.com) or mail to the Board of Tree Experts **from your insurance company** with the classification codes for **TREE WORK: Liability: Code 99777**, and **Workers Comp: Code 0106** (if applicable) noted on the policy certificate.

Note: For Licensed Tree Experts doing tree consultant work ONLY, the classification code under General Liability Insurance (GLC) for Consultants is: 41677, or an equivalent BOP (Business Owner Policy) code of 42891 is acceptable.

19. CERTIFICATION OF LICENSEE AND DECLARATION

I declare that at least one employee assigned to the business's principal office and to each branch office if applicable is a licensed tree expert or licensed tree care operator in good standing with the Board.

I further declare, subject to the penalties for perjury, that the statements made herein and on the accompanying attachments and documents have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be cause for suspension or revocation of the business registration issued pursuant to this application.

Signature of Owner or Authorized Representative

Date

20. DEADLINE FOR BUSINESS REGISTRATION RENEWAL: **September 14, 2026**

Please Note:

A) **After September 14, 2026**, a late fee of \$25.00 shall be applied to the Business Registration fee of \$200.00 for a **total amount of \$225.00.**

B) **After October 14, 2026**, the Business Registration will be suspended, and the Business will be subject to civil administrative penalties.

21. **For Office Use Only**

Check #: _____

Date: _____

Amount: _____

NJTC # _____

Registration Document Card(s) _____

Form: Renewal Business Registration 6/1/2022

Tree Care Business Registration Biennial Renewal Application Form

Attachment A

This form should be used if:

1. The tree care business has multiple locations or branch offices,
2. There is more than one owner of the business, or
3. The business operates using multiple names.

1. Fill in the boxes below for all secondary locations or branch offices of the business.

Branch Office	Address:
DBA (if different from Name of Business on main form)	

Branch Office	Address:
DBA (if different from Name of Business on main form)	

Branch Office	Address:
DBA (if different from Name of Business on main form)	

Branch Office	Address:
DBA (if different from Name of Business on main form)	

Branch Office	Address:
DBA (if different from Name of Business on main form)	

Branch Office	Address:
DBA (if different from Name of Business on main form)	

2. Fill in the boxes below for all owners of the business not previously listed.

Owner Name
Residential Address

Owner Name
Residential Address

Owner Name
Residential Address

Owner Name
Residential Address

Owner Name
Residential Address

Owner Name
Residential Address

3. Fill in the boxes below with all the names the business advertises under or does business as (dba)

dba:

dba:

dba:

dba:

dba:

dba:

dba:

dba:
