

# ISA CERTIFIED ARBORIST UTILITY SPECIALIST® APPLICATION

This is your exam application. **You are only allowed to enroll for an exam once this application has been received and approved.** Application review time can vary based on documentation submitted by the applicant and can take at least seven (7) US business days to be processed at each iteration of documentation that is submitted by the applicant. Please note that this time frame does not include delivery time for applications being sent by mail courier or through an ISA component.

You will be contacted when your application is approved or if we need more information for processing. Please note that application information will only be sent to or discussed with the candidate who is applying. If you would like to release your information with other parties, please contact us at isa@isa-arbor.com to request a Request of Information release form.

**Note: Your name must be listed exactly as it appears on your government issued photo identification. If your name does not match your government issued photo identification, you will not be allowed to take the exam and will forfeit your exam fees.**

1.

\_\_\_\_\_  
PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

2.

\_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
LOCALITY/CITY

\_\_\_\_\_  
PROVINCE/STATE

\_\_\_\_\_  
POSTAL CODE/ZIP CODE

**The address you indicate will be used for all future correspondence by ISA. In addition, you can elect to have this information published and distributed in ISA Certified Arborist Utility Specialist® lists.**

3. Contact Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**E-mail Address Required** \_\_\_\_\_

4. ISA Certified Arborist Identification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

5A. Member of ISA  Yes  No Identification Number \_\_\_\_\_

5B. Member of ISA Chapter  Yes  No Chapter \_\_\_\_\_

6. Are you requesting a special accommodation  Yes  No **(If Yes, you must enclose form)**

7. Some ISA Certified Arborist Utility Specialists® do not wish their names to be distributed to the public or to other interested parties (vendors, potential employers, etc.). If you do **NOT** wish to have your name included in ISA Certified Arborist Utility Specialist® lists for distribution, please indicate here.

8. **Documentation of Work Experience is Required for Approval**

**(You are required to provide one of the following):**

**1. Employer provided information examples:**

- A letter(s) of reference from current or previous Employer(s) which must include:
  - Contact information
  - Job responsibilities
  - Dates of employment
  - Employer signature

## **2. Self-employed requirements:**

- Invoices and/or letters of reference from the past 3 years which must include:
  - Contact information
  - Applicants job responsibilities
  - Dates of work performed
  - Customer experience

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# International Society of Arboriculture

P.O. Box 191 • Annapolis Junction MD • 20701 • USA  
p. +1.678.367.1795 • f. 240.547.1795 • www.isa@isa-arbor.com

**Applicant Name:** \_\_\_\_\_

**Employer Provided Information** (this information is required for application approval)

Current or Most Recent Employer (Company Name) \_\_\_\_\_

Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

By signing below, you acknowledge the employment information you provided in this application for the applicant is accurate and complete to the best of your knowledge.

Employer Name \_\_\_\_\_  
PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

***If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.***



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**Applicant Name:** \_\_\_\_\_

**Previous Employer Provided Information** (this information is required for application approval)

Previous Employer (Company Name) \_\_\_\_\_

Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

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\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

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PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

***If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.***



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**Applicant Name:** \_\_\_\_\_

**Previous Employer Provided Information** (this information is required for application approval)

Previous Employer (Company Name) \_\_\_\_\_

Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

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List Essential Duties and Responsibilities of Applicant

\_\_\_\_\_  
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\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

By signing below, you acknowledge the employment information you provided in this application for the applicant is accurate and complete to the best of your knowledge.

Employer Name \_\_\_\_\_  
PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

***If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.***

9. **Applicant Signature Required for Certification**

By signing below, you acknowledge that you have read and agreed to the terms of the Certification Agreement and Release Authorization. The information you provided in this application is accurate and complete to the best of your knowledge.

Signature\_\_\_\_\_

Date\_\_\_\_\_

ISA communicates with the local chapter or associate organization that administered your exam. We want you to know that we share your contact information and certification exam score, expiration date, and other relevant details with your local chapter so they may monitor your certification status and administer certification-related programs and services.