

APPENDIX F – ANNUAL TREE SERVICE PROVIDER REGISTRATION FORM

City of Springfield Office of Public Works Municipal Building, Room 201 Springfield, IL 62701 Phone: 217-789-2428		<h2 style="margin: 0;">Tree Service Provider Annual Registration Application</h2>	
Please mail completed application to the address above or email it to the City Arborist (Jeffrey.Reim@Springfield.il.us). There is no charge for this registration, but approval must be issued before tree service work can begin.			
Owner Name		Owner Phone #	
Company Name		Company Contact Phone #	
Company Mailing Address			
Company Email Address			
I have read and will comply with:	<input type="checkbox"/> City of Springfield Arboricultural Specifications Manual <input type="checkbox"/> ANSI A300 Tree Care Standards <input type="checkbox"/> ANSI Z133 Safety Requirements for Arboricultural Operations		
Checklist of documentation to be provided to the City of Springfield, BY THE INSURANCE COMPANY, to Jeffrey.Reim@Springfield.il.us or faxed to the Office of Public Works at 217-789-2366:			
<input type="checkbox"/> Proof of Current General Liability Insurance <input type="checkbox"/> Proof of Workers Compensation Insurance <input type="checkbox"/> Proof of Vehicle Liability Insurance			
Please note that certificates of insurance must list the City of Springfield as a certificate holder.			
I do hereby apply for a registration permit to treat, trim or remove trees or shrubs or perform other arboricultural work for the City of Springfield. I shall indemnify and hold the City of Springfield harmless in case of any accident or any danger arising from the exercising of this registration.			
Signature of Owner		Date	
For Use by the City Arborist			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Permit Expiration Date		
Arborist Signature			

City of Springfield
 Office of Public Works
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 Springfield, IL 62701
 Phone: 217-789-2428

Springfield Public Property Tree Work Permit Application

Please mail completed application to the address above or email it to the City Arborist (Jeffrey.Reim@Springfield.il.us). There is no charge for this permit, but a permit number must be issued before work can begin. This application will be returned to you as approved or denied. Please type or print.

First Name:	Last Name:	Daytime Phone#:	
Street Address:	City:	State: IL	Zip Code:
E-mail address (for permit approval/denial notification; if left blank, notification will be mailed):		Date of Application:	

Number of Trees:	Tree Location(s):	Type of Tree(s):
Work To Be Performed:	<input type="checkbox"/> Pruning <input type="checkbox"/> Transplanting <input type="checkbox"/> Removal <input type="checkbox"/> Lighting Protection Installation <input type="checkbox"/> Fertilizing <input type="checkbox"/> Installation of Metal Signs, Cables, Wires, etc. <input type="checkbox"/> Pesticide/Spraying <input type="checkbox"/> Cabling/Bracing <input type="checkbox"/> Construction Under <input type="checkbox"/> Other (Specify):	
Work Will Be Done By:	<input type="checkbox"/> Self <input type="checkbox"/> Professional Tree Company (Specify): <input type="checkbox"/> Other (Specify):	

If this permit is granted, I hereby agree that the work will be done in accordance with the City of Springfield *Arboricultural Specifications Manual* and directives given within this application.

Signature of Property Owner _____ Date _____

Note: Approval of this permit is contingent on the agreement to replace the tree(s) being removed with a tree(s) of appropriate variety, minimum 1-3/4 inch caliper, on public property unless otherwise specified by the Arborist. The tree(s) must be replaced within 6 months after removal.

(A copy of the approved permit must be present at the job site.)

For Use by the City Arborist

Date Inspected:		Species:	
Inspected By:		Condition:	

Application Status

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modifications <input type="checkbox"/> Denied	Permit #:	Permit Expiration Date:
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Arborist Comments: