



CITY OF CONROE
COMMUNITY DEVELOPMENT

(936) 522-3610

Urban Forest Professional Registration Information

Urban forest professionals wishing to perform tree inventories/analyses in accordance with Vegetation Ordinance, Chapter 102 of the City of Conroe Code of Ordinances must first register with the city. The vegetation ordinance can be found on the City's website at www.cityofconroe.org. The Building Official or his designee shall review the professional's registration application and credentials and either approve or deny the registration. Each applicant must complete and sign the attached registration application. Applicants may choose to submit a resume in addition to the registration application. The application shall be submitted to the Building Official for review, accompanied by a registration fee of \$100.00. Each applicant must successfully show proof of the following:

- (1) Applicant has a Bachelor of Science degree in Urban Forestry, Landscape Architecture Horticulture, or closely related field.
- (2) Applicant has Minimum of five years experience in tree analysis/evaluations. Applicant shall provide an employment history.
- (3) Applicant has a working knowledge of trees in the South East Texas region and is able to perform a tree analysis/evaluation in accordance with the provisions of this article. Applicant shall provide three professional references that can attest to their abilities.
- (4) Applicant has the ability to create a computer aided tree analysis/evaluation. Applicant shall submit a CAD drawing with the application that demonstrates the applicant's ability to perform this function. A sample drawing will be furnished to the applicant upon request.
- (5) Applicant must carry a minimum of \$500,000 General Liability insurance. A copy must be submitted with the application.

Within 30 (thirty) working days of receipt of a completed registration application, the Building Official shall either approve or deny the registration. An approved registration shall be valid for an indefinite term unless suspended or revoked by the Building Official. Each successful registrant shall be placed on a registrar that is available to the general public. Any person who desires to obtain a tree clearing permit will be responsible for contracting the services of a city registered Urban Forest Professional to perform a tree inventory and analysis. A registration shall automatically be suspended if the registrant fails to maintain the minimum liability insurance requirements. A registration may be revoked if the registrant commits and is convicted of a felony offense; the registrant is found to have falsified any information that he/she submitted to the city for review; or the registrant is found to be incapable of performing/creating the required tree analysis/evaluation. A minimum of 15 (fifteen) working days prior to revocation of a registration, the Building Official shall inform the registrant in writing stating the reason for revocation. Any appeals to the Building Official's decision shall be made to the Director of Community Development.

Applicant Information

Company Name:

Business Address:

Apt/Suite#

City:

State:

Zip:

Last Name:

First Name:

M.I.

Date:

Street Address:

Apt/Suite#

City

State:

Zip:

Phone

Email:

Are you a citizen of the United States?

Yes

No

If no, are you authorized to work in the U.S.?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, explain:

Educational Background

School:

City/State:

Years Completed:

Did you graduate?

Yes

No

Degree

School:

City/State:

Years Completed:

Did you graduate?

Yes

No

Degree

School:

City/State:

Years completed:

Did you graduate?

Yes

No

Degree

References

Please list three professional references.

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Full Name:

Relationship:

Company:

Phone: ()

Address:

Related Experience

Company:	Phone: ()
Address:	Contact:
Job Title:	
Responsibilities:	
Company:	Phone: ()
Address:	Contact:
Job Title:	
Responsibilities:	
	Phone: ()
Company:	Contact:
Address:	
Job Title:	
Responsibilities:	

Disclaimer and Signature

I certify that all information I have is true, correct and complete. I expressly authorize, without reservation, the City of Conroe, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing, authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, and resume. I hereby waive any and all rights and claims I may have regarding the City of Conroe, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the registration process and all other persons, corporations or organizations for furnishing such information about me.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for registration, or (2) may result in the suspension of my registration, whenever it is discovered.

I certify that I have read, fully understand and accept all terms of the Applicant Statement.

Signature:	Date:
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Office Use Only

Approved:	Date:
Comments:	