

APPLICATION FOR TREE PRUNING LICENSE
IN COMPLIANCE WITH CITY OF CORTEZ CITY CODE CHAPTER 26-D
TREES AND SHRUBS

NAME OF APPLICANT

ADDRESS OF APPLICANT

NAME OF BUSINESS

OWNER OF BUSINESS

DATE OF APPLICATION

Please describe your experience and training in the cutting, trimming, pruning or removing of trees or shrubs

Please list all those persons employed by you or your business

Please list three (3) references from former places of employment

Name	Address	Phone
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1.

2.

3.

I hereby agree to take a written and/or practical exam to test my skills as a tree pruner, if so deemed necessary by the Director of Parks and Recreation.

Signature of Applicant

Director of Parks and Recreation

See Attached Regulations