



Seattle
Department of
Transportation

Seattle Department of Transportation
SDOT Urban Forestry
800 Fifth Avenue, Suite 3100 | PO Box 34996
Seattle, Washington 98124-4996
(206) 684-TREE
Seattle.Trees@seattle.gov

SDOT Permit Number(s)

Intake

Review

(Official Use Only)

TREE SERVICE PROVIDER REGISTRATION

Seattle Municipal Code (SMC) 15.04, 15.43

Owner Name:	Owner Phone Number:
Company Name:	Company Contact Phone Number:
Company Contact Name:	Email Address:
Mailing Address (include city, state, zip):	City of Seattle Business License Number:
	WA State L&I Registration Number:

I have read and will comply with:

- | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Street Tree Ordinance (SMC 15.43) | <input type="checkbox"/> ANSI A-300 Pruning Standards |
| <input type="checkbox"/> Seattle Department of Transportation Street Tree Manual | <input type="checkbox"/> City of Seattle Traffic Control Manual (see www.seattle.gov/transportation/trafficcontrolmanual.htm) |

ISA Certified Arborist(s) or ISA Certified Tree Worker	ISA Certification Number	Expiration Date	TRAQ	Expiration Date
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your company has a list of Certified Arborists and Tree Workers, provide that list on your business letterhead.

CHECKLIST FOR DOCUMENTATION TO BE INCLUDED WITH YOUR APPLICATION

- Washington State Contractor License (L&I)
- City of Seattle Business License
- Certificate of Insurance

City of Seattle must be listed as additional insured. Refer to SDOT Client Assistance Memo (CAM) 2102 for detailed instructions.

- If your business has a current Street Use Annual Vehicle Permit, provide the permit number

The undersigned asserts that the facts stated in the foregoing application are true and correct.

APPLICANT SIGNATURE

DATE

SDOT VERIFICATION

(Official Use Only)

Date Approved:	Registration Number:
Date Denied:	Insurance Agency:
Reason for Denial:	Insurance Agency Phone Number:
	Urban Forestry Reviewer: