



**Seattle Department of Transportation
Street Use & Urban Forestry Division**
700 Fifth Avenue, Suite 2300 | P.O. Box 34996
Seattle, Washington 98124-4996
(206) 684-5253 | (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:

- Street Tree Ordinance (SMC 15.43)
- Seattle Department of Transportation Street Tree Manual
- ANSI A-300 Pruning Standards
- 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: |