



City of Weston
c/o Calvin, Giordano & Associates, Inc.
1800 Eller Drive, Suite 600
Fort Lauderdale, Florida 33316
(954) 921-7781; FAX (954) 921-8807

TREE SERVICE/ARBORIST ANNUAL REGISTRATION

Part I

Business Name: _____

Business Address: _____

City _____ **State** _____ **Zip** _____

Office Phone: _____ **Office Fax:** _____

E-mail Address: _____

Owner: _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Home Phone: _____ **Home Fax:** _____

Provide Photocopies of the Following Documents

Driver's License: **State** _____ **No.** _____

City Business Tax Receipt: **No.** _____
(f/k/a Occupational License)

Broward County Business Tax Receipt: **No.** _____
(f/k/a Occupational License)

ISA Training Certificate: **No.** _____

Broward Co. Certificate of Competency: **No.** _____
(Class A or Class B)

