Application For UTILITY TREE TRIMMER CERTIFICATE

1.	Name:	Phone #:
	Personal Email Address:	
	Address:	City:
	Province:	Postal Code:
-	have a third party paying for the certifate and wallet card.	cate, you are granting the third party the right to view or receive a copy of your
2.	Employer:	Phone #:
	Supervisor Email Address:	
	Address:	City:
	Province:	Postal Code:
3.	trimming, within the past t marks) o Training Record Book sho	etion of Utility Tree Worker Safety Training Course, including aerial wo years. (supply a photocopy of your letter from Olds confirming you wing additional experience performing tree work, including 600 total ar energized powerlines and 2400 hours overall, as well as completed
4	lan and in fame and the	OR
4.	o My current certificate ou o Supply successful complet College. o Signed Code of Conduct	mber is UTT # tion of Utility Tree Worker Recertification course transcript from Olds
5.	Attach payment for application form. Your application fee is n	. All payment information is located on the back of this application on-refundable.
	lare the information on this app ss sign also.	ication to be accurate by signing below and have your employer and a
	Applicant's signature:	Date:
	Employer's signature:	Date:
	Witness's signature:	Date:

Application for UTILITY TREE WORKER CERTIFICATE

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	Personal Email Address:		
	Address:	City:	
	Province:	Postal Code:	
	have a third party paying for the ce	rtificate, you are granting the third party the right to view or receive a copy o	fyour
		Phone #:	
	Supervisors Email Address:		
	Address:	City:	
	Province:	Postal Code:	
1.	o Proof of successful comple years. (supply a photocopy o o Training Record Book show	me. Please supply the following: etion of Utility Tree Worker Safety Training course within the pas of your letter from Olds confirming your marks) wing completed Pages 11-24 *(some items may not apply to Tree chose for course equating to a total of 2400.	
		OR	
2.	o My current certification nu	ion of Utility Tree Worker Recertification course transcript from	Olds
3.	Attach payment for application. All payment information is located on the back of this application form. Your application fee is non-refundable.		
	lare the information on this a	oplication to be accurate by signing below and have your employ	er and a
	Applicant's signature:	Date:	
	Employer's signature:	Date:	
	Witness's signature:	Date:	

Application Fees:

UTT/UTW Application for			
(Name of Applicant)			
Member: \$210.00 (incl. gst)			
Non- Member: \$420.00 (incl. gst)			
Payment Options: Payment can be received by: Cheque, Money Order or Credit Card			
If paying by Credit Card, please fill in the following information:			
Type of Card: VISA M/C Card Number:			
Expiry Date: CVV#			
Name on Card:			
Cardholder's Signature:			

IMPORTANT! Your application fee is non-refundable. Please ensure that all information is attached, and the application is signed.

