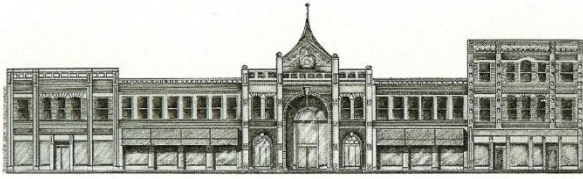


The City of Wilmington, Ohio



69 North South Street, Wilmington, Ohio 45177
Telephone: 937-382-5458 Fax: 937-382-0931
Email: mayor@ci.wilmington.oh.us



CONTRACTOR REGISTRATION ARBORIST



Company Name: _____

Individual Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

Evidence of the following must be attached:

- Worker's Compensation coverage
- General Liability Insurance – Min. coverage \$300,000 bodily injury/\$100,000 property damage
- Show proof of current International Society of Arboriculture certification or an equivalent exam

****Registration is not valid unless signed by City of Wilmington representative****

Approved by: _____ Date: _____