

Application

Chipper Safety Course

Name:

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Company:

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Address:

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City, zip:

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Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Make checks payable to: Scott Carlson Consulting & Appraisal LLC

Send application and payment to: Scott Carlson Consulting & Appraisal LLC  
24538 170<sup>th</sup> Ave.  
Eldridge, IA 52748

Applicant understands that this payment is for one 4 - hour class. The instructor will provide a PowerPoint presentation, a test, and a certificate of completion. Applicant understands he / she will need to provide proper PPE, a chipper and on-site brush for chipping. By submitting payment, applicant agrees to the terms and conditions as posted on our website at <https://scottcarlsonarborist.com/termsandconditions>

Signed: \_\_\_\_\_