



Application for Iowa Arborist Consulting

Chainsaw Safety Course

Name: _____

Company: _____

Address: _____

City, zip: _____

Email: _____ Phone: _____

Check #: _____ Amount \$ _____

Make checks payable to: Iowa Arborist Consulting

Send application and payment to: Scott Carlson / Iowa Arborist Consulting
24538 170th Ave.
Eldridge, IA 52748

Applicant understands that this payment is for one 4 - hour class. The instructor will provide PowerPoint presentation, chainsaw, files for use, a test, and a certificate of completion. Applicant understands he / she will need to provide proper PPE, and on-site wood for cutting. Applicant accepts [terms and conditions](#).

Signed: _____

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info@scottcarlsonarborist.com
563-949-2521