

Application

Young Tree Pruning 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 170th Ave. Eldridge, IA 52748

Applicant understands that this payment is for one 4-hour class. Instructor will provide PowerPoint presentation, a test, a certificate of completion and chainsaws. Applicant or their employer understands he / she will need to provide appropriate room, proper PPE, and young trees for pruning. By submitting payment, applicant agrees to the terms and conditions as posted on our website at <https://scottcarlsonarborist.com/termsandconditions>

Signed:

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