

Application for SDArA Certification Testing

Test Location: To Be Announced

Fee: \$50.00 Payable Day of Test

Return Application To:

SDArA

Allen Kruse

1813 Oriole Trail

Brookings, SD 57006

Information: Allen Kruse – 605-691-1198

Today's Date: _____

Applicants Name: _____

Employer: _____

Mailing Address: _____

City: _____ **Zip:** _____

Phone #: (Home) _____ **(Work)** _____

Email Address: _____

Education: List School, Area of Major Study, Degree and Date Received

Arboriculture Experience: List Employer, Phone Number, Employment Dates

I _____, hereby certify that all above information is true and accurate. I further state that I have a minimum of 36 months of experience as a practicing arborist or 18 months experience and a degree in arboriculture or related field. I further certify that I have read the SDArA Code of ethics and agree to abide by the philosophy contained within.

Date Approved by Board: _____ # _____

Suggested Study Materials: ISA Arborists Certification Study Guide. Copyright 2010. Item # P1537, ISA 1-888-472-8733 or www.isa-arbor.com/home.aspx