Enrollment Transfer Form

Please submit a separate form for each transfer.
Fax completed form to (603) 314-5386 or mail to the address below.

Date of Transfer ____________________________

Name of Previous Applicant ____________________________________________________________

Reason for Transfer ________________________________________________________________

Please fill out the following information for the new CTSP enrollee:

Name ________________________________________________

Company Name _______________________________________

Mailing Address (no PO Box) ________________________________

City __________________________ State __________ Zip __________

Daytime Phone __________________ Fax __________________ Email ___________________

To qualify for the CTSP program, a candidate must have:

___ Three years’ technical field experience in tree care with at least one year of assumed responsibility for safety
   (i.e., crew leader, trainer, safety committee member, emergency responder, certified CPR/first aid provider, etc.) or...

___ Six months’ technical field experience in arboriculture and one year in a professional safety position, or...

___ Two- or four-year degree in Arboriculture, Forestry, Ornamental/Environmental Horticulture, Natural Resources,
   Industrial Hygiene, Occupational Safety or other related field with at least six months’ technical field experience

Please document your most recent arboricultural experience, your most recent year of safety-related experience and/or your education:

ARBOCULTURAL WORK/INTERNSHIP EXPERIENCE:

Name, City and State of Employer ________________________________________________________

Job Title __________________ Start Date mm/yy __________________ End Date mm/yy __________________

SAFETY EXPERIENCE:

Name, City and State of Employer ________________________________________________________

Job Title __________________ Start Date mm/yy __________________ End Date mm/yy __________________

EDUCATION:

Name of School __________________________________________________________

Degree Attained __________________ Start Date mm/yy __________________ End Date mm/yy __________________

Information valid as of APRIL 2019
Certified Treecare Safety Professional

CTSP SAFETY PLEDGE

I pledge to empower employees in our organization to develop and nurture a culture of safety. In this role, I will adhere to industry standards and regulations.

Signature

Date

PAYMENT INFORMATION
Payment in full is required to process your application. The non-refundable enrollment transfer fee is $35 per person for employees of TCIA member companies and $75 per person for non-members. Possible additional fees: The Core Competencies Study Guide is $95 per person for TCIA members, $145 for non-members. Please order only if you need to replace the original study guide.

There is an additional fee for the Advanced Safety Workshop & Exam.

If you have questions about CTSP, contact TCIA at (603) 314-5380 or CTSP@tcia.org.

EQUAL OPPORTUNITY IN EDUCATION AND TRAINING PROGRAMS POLICY
The Tree Care Industry Association (TCIA) and Foundation do not unlawfully discriminate against any person on any basis prohibited by federal law, state law, or other applicable law, including without limitation, race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity or expression. This policy covers all education and training programs of TCIA, including admission to education programs and contracting with program instructors. Inquiries concerning this policy should be directed to Robert Rouse, Chief Program Officer, 670 N. Commercial Street, Suite 201 Manchester, NH 03101; (603) 314-5380.

NOTE: TCIA cannot accept payment information by email.

PAYMENT

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<tr>
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<th>TCIA Member</th>
<th>Non-Member</th>
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<tr>
<td>Enrollment Transfer Fee</td>
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<td>Core Competencies Study Guide</td>
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METHOD OF PAYMENT
☐ Check enclosed  ☐ American Express  ☐ Visa
☐ Discover  ☐ MasterCard

Card# ____________________________________________________________

Exp. Date: ____________

Name (required for all methods of payment)

Authorized Signature (required for all methods of payment)

Information valid as of APRIL 2019