

APPENDIX 7

APPLICATION FORM

Name of Company:		
Physical Address:		
Postal Address:		
Phone:		
Fax:		
Email:		
Contact Person:		
Location for Inspection:		
Fee included? (circle answer)	Yes / No - Invoice required	
Range of Services provided:	Amenity tree planting, pruning and removal	Y/N
Additional Services:		
	Cable / rod bracing	
	Root pruning / cavity treatments / soil amendment	
	Mature tree transplanting	
	EWP / Cranes	
	Electrical / Utility Arboriculture	
NB. Consultancy Services are not assessed or approved under the NZ Arb ACS		
Number of Years Trading as Arboricultural Business:		
We, the undersigned, agree to all terms and items in the Approved Contractor Programme Guide and application for Approved Contractor Status		
_____ Signature (Principal)	_____ Print Name (Principal)	
_____ Dated		