



Office of the Township Clerk | Township of Montclair
205 Claremont Avenue | Montclair, New Jersey 07042
Telephone: 973-509-4900 | Fax: 973-509-0874
Email: registrations@montclairnjusa.org

APPLICATION FOR TREE REMOVAL CONTRACTOR REGISTRATION

Completed applications shall be returned to the Office of the Township Clerk. A tree removal contractor shall carry and provide proof of the following insurance coverage: \$2,000,000 property damage and bodily injury insurance per incident; \$300,000 automobile insurance per incident; and workers' compensation insurance in such amounts as required by law. All tree removal contractors shall require their insurers to provide the Township with a minimum of 30 days' advance notice of the cancellation of any required coverage. Upon the cancellation of any of the required insurance coverage, the tree removal contractor's registration shall automatically be suspended, and the tree removal contractor shall thereafter be prohibited from performing.

Upon the submission of (i) proof of satisfactory proof of insurance coverage and (ii) licensure in accordance with the New Jersey Tree Experts and Tree Care Operators Licensing Act, the Township Clerk shall register the tree removal contractor as approved to do business in the Township.

There will be fees due and payable to the Township of Montclair pursuant to Township Code §324 Trees upon registration of the tree removal contractor by the Township Clerk. **All registrations shall expire on December 31 of the calendar year in which issued.**

§ 324-8 Fees.

B. A tree removal contractor shall pay an annual registration fee of \$75.00.



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APPLICATION FOR TREE REMOVAL CONTRACTOR REGISTRATION

SECTION 1. APPLICANT INFORMATION

Full Name: _____
 Home Address: _____
 Phone: _____ E-Mail: _____

SECTION 2. BUSINESS INFORMATION

Business Name: _____
 Business Address: _____
 Full Name of Owner: _____
 Phone Number: _____ E-Mail: _____

SECTION 3. STATE LICENSE INFORMATION

License Type: [] New Jersey Tree Care Operator or [] New Jersey Tree Expert
 License Number: _____ Exp. Date: _____

SECTION 4. INSURANCE INFORMATION

Liability Insurance Company: _____
 Policy No.: _____ Exp. Date: _____

SECTION 5. AGREEMENT AND CERTIFICATION

I am the applicant listed in Section 1 of this application. I understand and agree to abide by all the requirements of Montclair Code §324 Trees and any amendments thereof and supplements thereto. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Full Name: _____
 Signature: _____ Date: _____

***** FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE *****

	APPROVED	SIGNATURE (please include name if designee)	DATE	COMMENTS
Township Clerk or designee	[] Yes [] No			
Staff member issuing registration	Registration Number	Issue Date	Distribution (copy of registration)	Staff initials
			[] Dept. of Community Services [] Division of Code Enforcement, Housing, & Property Maintenance	