



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF FOREST ENVIRONMENT
235 Promenade Street, Suite 394
Providence, RI 02908

Office: 401.222.2445
Fax: 401.222.2444

RI State Arborist Licensure Examination Application

Please print clearly

DATE OF APPLICATION: _____ TITLE: Mr. Mrs. Ms. Other: _____

NAME: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

MAILING ADDRESS (if different): _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EMAIL ADDRESS: _____

The arborist examination is given during the months of January, March, June, and October; usually on the last Friday of the month, which is subject to change. It is recommended that the applicant call DFE Headquarters at 401.222.2445 x72059 to confirm the date and time of the exam if the applicant does not receive formal notification by mail. The exam will begin promptly at 9:00 A.M.

Please **check** which month you wish to take the exam. **January** **March** **June** **October**

Enclose examination fee of **\$25.00** (\$10.00 for re-take within same year as original exam) payable to **RIDEM, State Forestry Fund** and mail to:

235 Promenade Street, Suite 394
Providence, RI 02908
ATTN: Urban and Community Forestry

If this exam is a **re-take**, when did you last take the exam? _____

~~~ FOR OFFICE USE ONLY ~~~

EXAM PAID: Y / N CHECK NO.: _____ DATE: _____ EXAM SCORE: _____