



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

~~~ NOTICE ~~~

The next Rhode Island State Arborist Licensure Examination will be given on

**Friday, January 25, 2019 @ 9:00 A.M.**

The Foundry Building  
235 Promenade Street, Suite 300  
Providence, RI 02908

Pre-registration is required to take the exam along with the exam fee of \$25.00 (\$10.00 for re-take within calendar year) as seating is limited. The application and fee must be received by no later than two **(2) weeks** prior to the date of the exam. Checks should be made out to **RIDEM, State Forestry Fund** and sent to:

235 Promenade Street, Suite 394; Providence, RI 02908.

*Refunds or credits are not provided for "no shows".*

**Directions to the Foundry Building:** <http://www.dem.ri.gov/directions/foundry-offices.php>

235 Promenade Street is the first building on the right. Visitor parking is marked.

If you have any questions regarding the exam, licensing, or for further directions, please contact Caroline Scanlan, Urban and Community Forestry Program Coordinator @ 401-222-2445 x2056 between the hours of 8:30 AM and 4:00 PM, Monday through Friday.

## 2019 RI State Arborist Licensure Examination Application

Please print clearly

DATE OF APPLICATION: \_\_\_\_\_ TITLE:  Mr.  Mrs.  Ms.  
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 x2056 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:

RIDEM, Division of Forest Environment  
235 Promenade Street, Suite 394  
Providence, RI 02908  
ATTN: Caroline Scanlan

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:** _____