



Executive Director:
Rose Epperson, CAE

WESTERN CHAPTER ISA CERTIFIED TREE WORKER EXAM EXAM RETAKE FORM

Applicant's Name (Nombre): _____

Company Name (Nombre de compañía): _____

Address (Direccion): _____

Telephone (telefono): _____ Fax: _____

Applicant's Signature (firma de aplicante): _____

Exam Location (ciudad de examen)

Exam Retake Date (fecha)

Portion of Exam to be administered (Parte del examen a tocar):

- Written Only (Escrito)
- Practical – Climbing (La trepa practica)
- Practical – Aerial Lift (Usando un aerial)

English

Spanish

Written

Oral

Note: There is a \$35 charge for each additional retake up to one year at which time the applicant must resubmit a new application with test fee. No-shows will be counted as one attempt to take or retake the exam.

Credit Card Number: _____ Expiration date: _____

Cardholder's Name: _____ Signature: _____