

# ISA CERTIFIED TREE WORKER CLIMBER SPECIALIST® APPLICATION

This is your exam application. **You are only allowed to enroll for an exam once this application has been received and approved.** Application review time can vary based on documentation submitted by the applicant and can take at least seven (7) US business days to be processed at each iteration of documentation that is submitted by the applicant. Please note that this time frame does not include delivery time for applications being sent by mail courier or through an ISA component.

You will be contacted when your application is approved or if we need more information for processing. Please note that application information will only be sent to or discussed with the candidate who is applying. If you would like to release your information with other parties, please contact us at isa@isa-arbor.com to request a Request of Information release form.

**Note: Your name must be listed exactly as it appears on your government issued photo identification. If your name does not match your government issued photo identification, you will not be allowed to take the exam and will forfeit your exam fees.**

1.

\_\_\_\_\_  
PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION CARD

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

2.

\_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
LOCALITY/CITY

\_\_\_\_\_  
PROVINCE/STATE

\_\_\_\_\_  
POSTAL CODE/ZIP CODE

The address you indicate will be used for all future correspondence by ISA. In addition, you can elect to have this information published and distributed in ISA Certified Tree Worker Climber Specialist® lists.

3. Contact Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**E-mail Address Required** \_\_\_\_\_

4A. Member of ISA  Yes  No Identification Number \_\_\_\_\_

4B. Member of ISA Chapter  Yes  No Chapter \_\_\_\_\_

5. Are you requesting a special accommodation?  Yes  No ([If Yes, you must enclose form](#))

6. Will you be including the CTW waiver form?  Yes  No (**If Yes, you must enclose form**)

7. Some ISA Certified Tree Worker Climber Specialists® do not wish their names to be distributed to the public or to other interested parties (vendors, potential employers, etc.). If you do **NOT** wish to have your name included in ISA Certified Tree Worker Climber Specialist® lists for distribution, please indicate here.

8. **Documentation of Work Experience is Required for Approval**

**(You are required to provide one of the following):**

**1. Employer provided information examples:**

- A letter(s) of reference from current or previous Employer(s) which must include:
  - Contact information
  - Job responsibilities
  - Dates of employment
  - Employer signature

## **2. Self-employed requirements:**

- Invoices and/or letters of reference from the past 18 months which must include:
  - Contact information
  - Applicants job responsibilities
  - Dates of work performed
  - Customer experience

***(Rest of Page Intentionally Left Blank)***



# International Society of Arboriculture

270 Peachtree Street NW, Suite 1900 • Atlanta GA • 30303 • USA

p. +1.678.367.0981 • f. 240.547.1795 • www.isa@isa-arbor.com

**Applicant Name:** \_\_\_\_\_

**Employer Provided Information** (this information is required for application approval)

Current or Most Recent Employer (Company Name) \_\_\_\_\_

Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

By signing below, you acknowledge the employment information you provided in this application for the applicant is accurate and complete to the best of your knowledge.

Employer Name \_\_\_\_\_  
PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

*If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.*



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**Applicant Name:** \_\_\_\_\_

**Previous Employer Provided Information** (this information is required for application approval)

Previous Employer (Company Name) \_\_\_\_\_

Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

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\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

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PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

*If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.*



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Applicants Position Title \_\_\_\_\_

Employer Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Employer Contact Person's Title \_\_\_\_\_

Address of Employer \_\_\_\_\_

LOCALITY/CITY

PROVINCE/STATE

POSTAL CODE/ZIP CODE

List Essential Duties and Responsibilities of Applicant

\_\_\_\_\_  
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\_\_\_\_\_

Applicant Employed:

\_\_\_\_\_  
FROM MONTH      YEAR                      TO MONTH      YEAR                      TOTAL TIME

**Employer Signature**

By signing below, you acknowledge the employment information you provided in this application for the applicant is accurate and complete to the best of your knowledge.

Employer Name \_\_\_\_\_  
PRINT YOUR NAME

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

*If there is not enough space to list the required experience with your current and previous employers, please attach an additional sheet.*

9. **Verification of CPR, First Aid, and a Physical (Practice) Aerial Rescue Training**

To be eligible to take the ISA Certified Tree Worker Climber Specialist® Exam, the candidate must include proof of valid hands-on training in CPR and first aid. The candidate must include proof of a physical (practice) Aerial Rescue training within the past year.

**Note: This information is required for application approval. Must attach necessary documentation and proof.**

Proof of training in CPR can be any one of the following:

(Please check the appropriate item and include copy of card, certificate, or verification)

- A copy of a valid CPR card from the Red Cross or American Heart Association.
- A certificate of completion in training of CPR. ISA reserves the right to verify source of training.
- Other – Please contact the ISA for approval
- A written verification from employer – Please complete the information below.

**I hereby certify that my employee \_\_\_\_\_ has completed training in CPR.**

**By: \_\_\_\_\_ Supervisor/Manager/Owner  
(Please circle)**

**Of: \_\_\_\_\_  
(Company Name)**

**Date of completion of training: \_\_\_\_\_**

Proof of training in first aid can be any one of the following:

(Please check the appropriate item)

- A copy of a valid first aid card from the Red Cross.
- A certificate of completion in first aid training. ISA reserves the right to verify source of training.
- Other – Please contact the ISA for approval.
- A written verification from employer – Please complete the information below.

**I hereby certify that my employee \_\_\_\_\_ has completed training in first aid.**

**By: \_\_\_\_\_ Supervisor/Manager/Owner  
(Please circle)**

**Of: \_\_\_\_\_  
(Company Name)**

**Date of completion of training: \_\_\_\_\_**

Proof of training in a physical (practice) aerial rescue can be any one of the following: (Please check the appropriate item)

A certificate of completion in training in a physical (practice) Aerial Rescue. ISA reserves the right to verify source of training.

Other – Please contact the ISA for approval.

A written verification from employer – Please complete the information below.

I hereby certify that my employee \_\_\_\_\_ has completed training in aerial rescue.

By: \_\_\_\_\_ Supervisor/Manager/Owner  
(Please circle)

Of: \_\_\_\_\_  
(Company Name)

Date of completion of training: \_\_\_\_\_

10. **Documentation of Insurance is Required for Approval for Tree Worker Exams held in North America**  
*(You are required to provide the following):*

1. Important Information Regarding Insurance Coverage for the CTW Form
2. ISA Certified Tree Worker Release, Waiver, and Indemnification Form

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**NOTICE TO ISA EVENT PARTICIPANTS**

**REQUIRED EMERGENCY CONTACT AND HEALTH INSURANCE INFORMATION**

The International Society of Arboriculture (ISA) strongly advises all ISA Event participants to have comprehensive, personal health (medical) insurance throughout their participation in ISA Events, including the International Tree Climbing Championship (ITCC) and the ISA Certified Tree Worker examination. ISA also strongly recommends that ISA Event participants have disability insurance coverage. Participants should confirm that their insurance plan(s) covers medical expenses in the event of an injury during an ISA Event, including certain events that are conducted outside of the participant's home country.

Participants should have their personal health (medical) insurance information, including the insurance provider and policy number, readily available during the ISA Event in case of emergency. Participants should also provide that insurance information to the emergency contact they list below.

As stated in the required ISA Event Participant Agreement and Release that all participants must accept, ISA currently maintains a supplemental medical insurance policy (the ISA Climbers Event Policy) on behalf of participants in ISA Events conducted in the United States and Canada. The ISA Climbers Event Policy is a supplemental and secondary insurance plan, and is not intended to replace the personal health and disability insurance policies of an ISA Event participant.

In summary, the ISA Climbers Event Policy includes the following benefits and limitations:

- The policy is applicable only to ISA Events conducted in the United States and Canada.
- The policy may pay up to \$50,000 in covered medical costs not paid by the ISA Event participant's primary health insurance plans.
- The policy may not pay for co-pays, deductibles, and other costs required by the participant's primary health insurance policy.
- The participant must satisfy all requirements of the policy and the insurance company that issues the ISA Climber Event Policy.

ISA Event participants may contact ISA at isa@isa-arbor.com for additional information regarding the ISA Climbers Event Policy.

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**Each ISA Event participant must complete the following emergency contact information, and submit the completed form to the ISA at: isa@arbor.com**

Participant Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

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This form must be submitted to the ISA at least 12 business days before the ISA Event. ISA will keep the information provided on this completed form for one year, and will use the information only in the event of emergency involving the participant during an ISA Event.

# INTERNATIONAL SOCIETY OF ARBORICULTURE (ISA)

## EVENT PARTICIPANT AGREEMENT AND RELEASE

You must read, accept, and sign this Agreement before participating in the International Tree Climbing Championship or the Certified Treeworker Examination.

In consideration of being permitted to participate in the International Tree Climbing Championship (ITCC) or the ISA Certified Treeworker Examination (CTE) (the ISA Event) conducted and/or hosted by the International Society of Arboriculture (ISA) and the sponsoring ISA component(s), I understand and agree that:

1. Risk of Injury: Risk of serious bodily harm, injury, paralysis, or death, as well as damage to my equipment and personal property, may occur with respect to my participation in the ISA Event, including, but not limited to, activities related to climbing, aerial lifts, the use of equipment and facilities, officiating, and proctoring.
2. Assumption of Risk: I accept and assume the risks, known and unknown, related to my participation in the ISA Event, including, but not limited to, injury or damage arising from, or related to, the negligence or actions of ISA, the sponsoring ISA component(s), and other parties.
3. No Physical or Medical Limitation: I am unaware of any disease, injury, or any other physical or medical condition that would impair or limit my ability to participate in the ISA Event. I understand that ISA encourages all participants to maintain appropriate health insurance throughout their participation in the ISA Event because of the risks of serious injury.
4. Release of Claims: I release and discharge ISA and the sponsoring ISA component(s), their officers, directors, members, employees, volunteers, representatives, and respective successors and assigns (Releasees) from and against any present and future loss, damage, action, liability, or claim (claims), known or unknown, relating to or arising from my participation in, or association with, the ISA Event.
5. Indemnification of Releases: I will indemnify, defend, and hold the Releasees harmless from and against any loss, damage, claim, demand, action, judgement, fine, penalty, or liability, including costs and attorney fees, incurred by the Releasees resulting from, arising out of, or related to my participation, involvement, or association with, the ISA Event.
6. Insurance: I understand that ISA strongly advises all ISA Event participants to maintain personal health insurance throughout their participation in any ISA Event. ISA has also advised that it currently maintains a supplemental medical insurance policy on behalf of participants in ISA Events conducted in the United States and Canada. This supplemental medical insurance policy may provide a benefit up to \$50,000 (USD) for medical costs associated with an injury sustained during participation in an ISA Event. I further understand and agree that this medical insurance policy is: (a) applicable only to ISA Events that occur in the United States and Canada; (b) conditioned on my compliance with, and satisfaction of, the terms and conditions of all Agreements between ISA and the insurance carrier, and the insurance policy; (c) supplemental and secondary to my own personal health insurance; and, (d) limited only to eligible costs in excess of my personal insurance benefits, and may not apply to co-pays, deductibles, and other insurance costs. I further understand and agree that ISA does not covenant, agree, or promise to continue to provide the supplemental medical insurance policy, and it may cancel such policy at any time.
7. Compliance with Event Rules: I will comply with and abide by: all rules and regulations issued, adopted, published, or otherwise issued by ISA or the sponsoring ISA component(s) related to the

ISA Event, including, but not limited to, the ISA ITCC Rule Book; and, all instructions, rulings, and directions of ISA Event officials and personnel.

8. No Employer Objection: If required by my employer, I have informed my employer of my participation in the ISA Event, and my employer has not objected to such participation.
9. Agreement Term: This Participant Agreement and Release will remain valid for twelve (12) months from the date I have signed below, and applies to all ISA Events during that period, or until such time as I expressly revoked the Agreement in writing delivered to the ISA. I understand that I will not be permitted to participate in any ISA Event upon revocation of this Participant Agreement and Release.
10. Governing Law: This Participant Agreement and Release will be governed by and construed in accordance with the laws of the State of Illinois. To the extent permitted by governing law, I hereby waive any applicable law, rule, or regulation that would invalidate or otherwise limit any term of this Participant Agreement. If any court of competent jurisdiction determines any term in this Participant Agreement to be invalid or unenforceable to any extent, such term(s) shall be severed and the remaining terms of this Participant Agreement shall remain in full force and effect.
11. Parties: All of the terms of this Participant Agreement and Release, apply to, and bind, me and my heirs, assigns, personal representatives, and executors.

**I have read and understand the terms and conditions of this ISA Event Participant Agreement and Release. By clicking on the button below labeled "SUBMIT/AGREE," I hereby accept and agree to all such terms, and affirm that I am 18 years of age or older. I understand that I am voluntarily giving up legal rights by accepting this Agreement and Release.**

Participant Name: _____ Participant Address: _____ _____ Signature: _____
--

**Submit/Agree**

### **For Parent/Guardian of Participants Under 18 Years of Age**

I hereby certify that, as the parent or guardian of the minor Participant, I consent and agree to the terms of this Participant Agreement and Release for the minor Participant and myself, my heirs, assigns, and next of kin. I hereby release and agree to indemnify and hold harmless the Releasees from any liabilities incident to my minor child's participation in, or involvement with, the ISA Event, even if arising from the negligence of the Releasees.

Minor Participant Name: _____ Parent/Guardian Name: _____ Parent/Guardian Address: _____ _____ Parent/Guardian Signature: _____
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11. **Applicant Signature Required for Certification**

By signing below, you acknowledge that you have read and agreed to the terms of the Certification Agreement and Release Authorization. The information you provided in this application is accurate and complete to the best of your knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ISA communicates with the local chapter or associate organization that administered your exam. We want you to know that we share your contact information and certification exam score, expiration date, and other relevant details with your local chapter so they may monitor your certification status and administer certification-related programs and services.



## ISA CERTIFIED TREE CLIMBER SKILLS EXAM WAIVER FORM

As a competitor of an ISA Chapter or International Tree Climbing Championships (CTCC or ITCC), you may waive the work climb portion of the skills exam for the ISA Certified Tree Climber program providing you satisfy all of the other requirements. Only candidates with an approved application and enrolled for the program must submit completed forms to isa@isa-arbor.com.

**Only ISA Approved Evaluators must complete and sign this form. Completed forms should be retained and submitted to ISA by candidates as instructed.**

- Competitor has successfully complete all events of the CTCC or ITCC.
- Competitor has completed gear inspection and use of the gear.
- Competitor has successfully tied the following knots within one minute each:

<p><b>KNOTS &amp; HITCHES</b> Climber demonstrates tying one each of the following six knot types. <b>*NOTE-MISS 3 KNOTS = FAIL</b></p>	<p>Each knot must be tied correctly on first attempt for a satisfactory mark. Candidate must correctly dress and set each knot. Attempt = handed to evaluator // Time limit on tying knots and hitches = <b>1 minute per knot/hitch</b></p>
Attaching hardware (i.e., girth hitch, cow hitch with a better half, timber hitch)	
Termination knot (i.e., Buntline hitch, anchor hitch/anchor bend, double fisherman's bend/double fisherman's knot)	
End-line rigging termination knot (i.e., clove hitch with two halves, running bowline)	
Rigging rope joining knot (i.e., sheet bend, quick hitch)	
Midline knot (i.e., clove hitch, alpine butterfly knot)	
Tree climbing friction hitch (i.e., tautline hitch, Blake's hitch, Distel, Schwabisch, Valdotain Tresse [VT])	

The approved candidate with information below has successfully completed all events in an ISA TCC/ITCC and successfully tied the knots listed above.

ISA TCC/ITCC Location: \_\_\_\_\_ Approved Evaluator signature: \_\_\_\_\_

Approved Evaluator name: \_\_\_\_\_ Date: \_\_\_\_\_

### Candidate Information

Candidate Full Name: \_\_\_\_\_ CSID: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_