



# Contractor Application

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State/Local License Number: \_\_\_\_\_

## Equipment Inventory Currently Available

- |   |  |
|---|--|
| <input type="checkbox"/> 20-35 Ton Stick Crane        | <input type="checkbox"/> Support Trailer                   |
| <input type="checkbox"/> 36-75 Ton Stick Crane        | <input type="checkbox"/> Log Truck                         |
| <input type="checkbox"/> 76+ Ton Stick Crane          | <input type="checkbox"/> Grapple Truck                     |
| <input type="checkbox"/> 30-59 Ton Crane w/ Tree-Mek  | <input type="checkbox"/> Chipper Truck                     |
| <input type="checkbox"/> 60-110 Ton Crane w/ Tree-Mek | <input type="checkbox"/> Skid Steer                        |
| <input type="checkbox"/> Merlo Roto                   | <input type="checkbox"/> Skid Steer w/ Dangle Grapple      |
| <input type="checkbox"/> Sennaboggin                  | <input type="checkbox"/> Mini Skid Steer                   |
| <input type="checkbox"/> Spider Lift                  | <input type="checkbox"/> Mini Skid Steer w/ Dangle Grapple |
| <input type="checkbox"/> Bucket Truck                 | <input type="checkbox"/> Excavator (Size: _____)           |
| <input type="checkbox"/> Support Truck                | <input type="checkbox"/> Other:                            |

**Employee Information:**

**Employee Details** (include name, address, months with company, months in industry, number of worker comp claims in the past five years, special licenses or certifications (including CDL/Crane/Forklift) and any felony convictions. Include additional pages as needed.



Any litigation related to company operations in the last five years? If so, provide details below, to include: jurisdiction, dates, parties, facts, and result.

**Required Attachments**

- Proof of Insurance (General Liability)
- Workers' Compensation Insurance

I, \_\_\_\_\_, certify that all information provided is accurate and that our company complies with all legal, safety, and insurance requirements to perform emergency tree removal services. I agree to abide by ETRN's terms and conditions, including commitment to professional and ethical conduct.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Submit completed application with required documents to:

[info@emergencytreenetwork.com](mailto:info@emergencytreenetwork.com)