



Massachusetts Arborists Association

REQUEST FOR

MCA RETIRED STATUS

NAME _____ MCA# _____ DATE ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

1. What year did you pass the Massachusetts Certified Arborist exam? _____

2. How many years have you been a member of the MAA? _____

3. Please give us a brief history of your career in arboriculture (attached a separate sheet, if necessary): _____

4. Please indicate any additional professional designations/licenses you hold (i.e. ISA, ASCA, Pesticide License):

(over...)

5. Please indicate additional service to the tree care industry during your career (i.e. board service, committees, volunteer projects):

6. How are you spending your time currently? _____

7. Additional Comments for the Committee's Consideration: _____

As an applicant for MCA Retired Status, I do hereby attest that I spend less than ten percent (10%) of my time practicing the profession of arboriculture and that I have no intention of increasing my time in the field of arboriculture for the foreseeable future.

If I am approved for MCA Retired Status, I will continue to abide by the MAA and MCA Code of Ethics.

Signature

Date

Print Name

Your request will be considered by the members of the MCA Examining Committee. Typically, the committee meets once every other month. A response may take anywhere from 30 to 90 days.

Thank you for your interest and support of the MCA Program. If you have any questions, please contact, Charissa Sharkey at (508) 653-3320 or info@MassArbor.org.