

**APPLICATION FOR ROADSIDE TREE CARE EXPERT (RSTCE) EXAM**  
**Version 3.0**

**EXAMINATION DATE:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PUBLIC AGENCY NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**COUNTY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

To which address would you like your exam results sent? Work \_\_\_\_\_ Home \_\_\_\_\_

Have you attended a MD DNR Forest Service RSTCE class? \_\_\_\_\_

If yes, when and where \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_