Professional Mangrove Trimmer Registration and Renewal Form
Pinellas County, Florida
(Please print legibly)

Name: ___________________________________________  
Company: _________________________________________
Address: _________________________________________ 
_______________________________________________
Phone: ___________________________________________
Fax: _____________________________________________
E-mail: ___________________________________________
Web Page: ________________________________________

Qualifications (Please include any certification or license numbers):

☐ Certified Arborist (International Society of Arboriculture) ________________
☐ Professional Wetland Scientist (Society of Wetland Scientists) ________________
☐ Certified Environmental Professional (Academy of Board Certified Environmental
Professionals) ________________
☐ Certified Ecologist (Ecological Society of America) ________________
☐ Landscape Architect (Florida Statutes) ________________
☐ Qualifying under Section 166-104, Pinellas County Code (Please attach appropriate
documentation)

I hereby certify that the above information is accurate and that I will notify the County of any
changes in my certification or qualifications that could affect my status as a Professional
Mangrove Trimmer in Pinellas County. I also acknowledge that my status as a Professional
Mangrove Trimmer in Pinellas County does not automatically qualify me as a Professional
Mangrove Trimmer in other Counties which may have their own criteria. I also acknowledge
that my Professional Mangrove Trimmer status may be revoked for any violation of any lawfully
adopted mangrove trimming regulations, including the Pinellas County Land Development Code,
Secs. 166-96 through 166-110, which I have read and am familiar with.

_____________________________________________           _____________________
Signature                                                                              Date

Please send this form, along with a check for $50 for new registrations or $25 for annual
renewals, to: Pinellas County Dept. of Public Works, Water and Navigation, 22211 U.S. 19 N,
Bldg. #10, Clearwater, FL, 33765. Checks should be made out to the Pinellas County Board of
County Commissioners.

☐ Please check here if you are a government employee (Municipal, State, County, or Federal)
and you will be trimming solely for government purposes. The registration and renewal fee is
waived for these individuals.

If you have any questions, please contact us at (727) 453-3385.