



## REQUEST TO BE ADDED TO THE FDEP MAINTAINED LIST OF PROFESSIONAL MANGROVE TRIMMERS

This form has been developed to assist the Department in providing efficient customer service for individuals requesting to be added to the FDEP maintained list of [Professional Mangrove Trimmers](#). The completion of this request form is optional and not required by the [Mangrove Trimming and Preservation Act](#). The information listed below will help expedite your request.

### **STATUS VERIFICATION:**

The Department will require the following information to verify your status as a Professional Mangrove Trimmer (PMT) pursuant to Section [403.9329](#), F.S.

**Full Name:** \_\_\_\_\_  
(As written on your certification)

**Type of Certification:**(Please select from the below).  
(Note: The 'Special Qualification' box on a Landscape Architects verification page must include "Mangrove Trimmer.")

- |                                                               |                                                               |
|---------------------------------------------------------------|---------------------------------------------------------------|
| ISA Certified Arborist <input type="checkbox"/>               | ESA Certified Professional Ecologist <input type="checkbox"/> |
| Professional Wetland Scientist <input type="checkbox"/>       | Landscape Architect <input type="checkbox"/>                  |
| Certified Environmental Professional <input type="checkbox"/> |                                                               |

**Certification Number:** \_\_\_\_\_

### **INFORMATION TO COMPLETE WEB UPDATE:**

Please provide the following information as you would like it to be displayed on the Department's website.

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

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

**Location:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

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

Please select the [FDEP District Offices](#) (regional lists) you are requesting to be added to:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| Northeast <input type="checkbox"/> | Southeast <input type="checkbox"/> |
| Southwest <input type="checkbox"/> | South <input type="checkbox"/>     |
| Central <input type="checkbox"/>   | Monroe <input type="checkbox"/>    |

Please email the completed form to: [SLERC@floridadep.gov](mailto:SLERC@floridadep.gov).

\*For additional information regarding mangrove trimming or alteration, please visit the [Department's website](#).

\*For questions regarding becoming a PMT in one of the [delegated local governments](#), please contact them directly.

\*For information on becoming an FDEP Certified PMT please visit the Department's website for additional [application information](#).