

**STATE BOARD OF REGISTRATION FOR FORESTERS
AFFIDAVIT**

**NORTH CAROLINA
CONSULTING FORESTER / FORESTRY CONSULTANT**

I, (Name) _____, acknowledge the qualifications and requirements that must be met to practice as a Consulting Forester / Forestry Consultant in North Carolina as defined in G.S. 89B, 89B-2.

I do solemnly swear (affirm) I meet the following specific requirements for Consulting Forester/ Forest Consultant in North Carolina:

- A. I am Registered Forester # _____ in the State of North Carolina. My registration is current.
- B. I graduated from (university/college) _____ in the year _____ having earned a (BS),(BF) (Other > _____ degree in (curriculum) _____
- or -
- I have shown equivalent knowledge by successfully passing the written examination administered by the North Carolina State Board of Registration for Foresters in the year _____.
- C. I have read and am governed by the Code of Ethics adopted by the State Board of Registration for Foresters.
- D. I am competent to practice forest management, appraisal, development, marketing, protection, and utilization for the benefit of the public on a fee, contractual, or contingency basis.
- E. I am not engaged and will not engage in any practice that constitutes a conflict of interest, including the procurement of standing merchantable timber, or in any way diminishes my ability to represent the best interests of my clients.
- F. I herewith acknowledge the requirement to file this annual affidavit with the State Board of Registration for Foresters, attesting to my compliance with the conditions of this Chapter.

I DO SOLEMNLY SWEAR (AFFIRM) THAT I WELL AND TRULY MEET THE QUALIFICATIONS AND REQUIREMENTS DEFINED IN G.S. 89B AND G.S.89B-2; TO PRACTICE AS A CONSULTING FORESTER / FORESTRY CONSULTANT IN NORTH CAROLINA; AND THAT I WILL PERFORM SAID SERVICES FOR THE GENERAL PUBLIC TO THE BEST OF MY PROFESSIONAL SKILL AND ABILITY.

Signature

(Print Name)

(Business)

(Address)

(City) _____ (Telephone)

Sworn to and subscribed before me, this

the _____ day of _____, 2010

_____(SEAL)

Notary Public

Notary Expiration Date _____