

Address all inquiries and send completed application to:

Level I Examination:

Date: _____ Score: _____

Date: _____ Score: _____

Date: _____ Score: _____

Level II Examination:

Date: _____ Score: _____

Date: _____ Score: _____

Date: _____ Score: _____

**STATE BOARD OF
REGISTRATION
FOR FORESTERS
P.O. BOX 27393
RALEIGH, N.C. 27611**

Website: NCBRF.ORG
E-mail: info@ncbrf.org

RECORD OF BOARD ACTION:

Date Approved _____

Approved by: _____

Date Disapproved: _____

Reason Disapproved: _____

Date on Hold: _____

APPLICATION FOR CERTIFICATION AS A REGISTERED FORESTER

SECTION 1	GENERAL INFORMATION	DATE
Name: (Last) _____ (First) _____ (Middle) _____		
Home Address: _____		City _____ State _____ Zip _____
State of Residence: _____	Date of Birth _____	Citizenship _____
Telephone: Home _____	Business _____	Email _____
Employer _____		Present Position _____
Business Address: _____		City _____ State _____ Zip _____

Application is being submitted under which of the following pathways (mark one):

- Reciprocity (Go to Section 2); SAF Accredited Forestry Degree
 Eligibility to take SAF Certified Foresters Exam; 6 Years Professional Forestry Experience

Do you have a disability that requires testing accommodations? Yes No

Give the names and addresses of five references, not relatives, at least three of whom are Registered Foresters practicing in North Carolina, having current knowledge of your character and professional reputation. For Registered Foresters references please include their registration number. Do not use Board members or more than one employee from your employing organization as a reference.

Name	Address	Position	RF#
1.			
2.			
3.			
4.			
5.			

SECTION 2	FORESTER REGISTRATION IN OTHER STATE for RECIPROCITY
State Board of Registration where registered :	
Date of Registration _____	License or Certificate Number _____
Registered by Examination: _____	If not, explain: _____
Is Registration Current? _____	If not, explain: _____
Date Registration Expires: _____	
Please have state for which you are applying for reciprocity under complete the License/Registration Verification form and submit it directly to our office.	

NAME _____ REGISTRATION NUMBER _____ DATE ISSUED _____

SECTION 3**EDUCATION**

State in order of first attendance, the name and location of each technical school and college/university attended, the time spent at each, and if graduated, the year of graduation and degree received. An **OFFICIAL TRANSCRIPT** showing college credits as well as official documentation of degree (specifying the degree and major) must be provided.

Name of School	Dates Attended	Date Graduated	Degree & Major

SECTION 4**LICENSES AND CERTIFICATIONS**

List all other licenses and/or certifications currently held in connection with forestry registration, civil service or other employment.

License or Certification	Location	Date	Rating

SECTION 5**MEMBERSHIP IN PROFESSIONAL SOCIETIES**

Name	Headquarters Location	Grade of Membership and Offices Held	Date

SECTION 6

PROFESSIONAL EXPERIENCE

Information must demonstrate to Board that requirements of professional experience have been met.

Applicant should provide complete information of employment for their entire forestry career SINCE RECEIPT OF QUALIFYING DEGREE. Failure to provide complete information may result in the applicant not receiving full credit for their professional experience. If necessary, additional (8 ½ x 11") sheets may be attached.

Name of employer or client if self-employed*:		Address of employer or client if self-employed*:		
Title of Position & Location:			Telephone Number of employer or client if self-employed*:	
Date Employed (mo/day/yr)	Date Separated (mo/day/yr)	Full Time Months of Service:	Part Time Months of Service	If part time, number of hours worked per week:
Percent of time spent on professional forestry activities:	Fully describe the character of work and specific responsibilities:			

Name of employer or client if self-employed*:		Address of employer or client if self-employed*:		
Title of Position & Location:			Telephone Number of employer or client if self-employed*:	
Date Employed (mo/day/yr)	Date Separated (mo/day/yr)	Full Time Months of Service:	Part Time Months of Service	If part time, number of hours worked per week:
Percent of time spent on professional forestry activities:	Fully describe the character of work and specific responsibilities:			

Name of employer or client if self-employed*:		Address of employer or client if self-employed*:		
Title of Position & Location:			Telephone Number of employer or client if self-employed*:	
Date Employed (mo/day/yr)	Date Separated (mo/day/yr)	Full Time Months of Service:	Part Time Months of Service	If part time, number of hours worked per week:
Percent of time spent on professional forestry activities:	Fully describe the character of work and specific responsibilities:			

Name of employer or client if self-employed*:		Address of employer or client if self-employed*:		
Title of Position & Location:			Telephone Number of employer or client if self-employed*:	
Date Employed (mo/day/yr)	Date Separated (mo/day/yr)	Full Time Months of Service:	Part Time Months of Service	If part time, number of hours worked per week:
Percent of time spent on professional forestry activities:	Fully describe the character of work and specific responsibilities:			

Name of employer or client if self-employed*:		Address of employer or client if self-employed*:		
Title of Position & Location:			Telephone Number of employer or client if self-employed*:	
Date Employed (mo/day/yr)	Date Separated (mo/day/yr)	Full Time Months of Service:	Part Time Months of Service	If part time, number of hours worked per week:
Percent of time spent on professional forestry activities:	Fully describe the character of work and specific responsibilities:			

Date Applicant completed Section 6 Professional Experience:

* If clients reported, provide all information for at least five clients.

SECTION 7

CODE OF ETHICS

All Registered Foresters agree to abide by this Code as a condition of registration.
This Code will be used by the State Board of Registration for Foresters
to help govern its decisions in adjudicating flagrant misconduct in the practice of forestry under G.S. 89B-13.

- (1) A Registered Forester shall practice forestry consistent with ecologically sound principles and all applicable laws.
- (2) A Registered Forester shall not engage in unlawful acts or business practices.
- (3) A Registered Forester shall present truthful, accurate, and complete information while practicing forestry.
- (4) A Registered Forester shall practice forest management in accordance with landowner objectives and Forestry Best Management Practices as described in the "North Carolina Forestry Best Management Practices Manual to Protect Water Quality" published by the Department of Environment and Natural Resources, or will advise landowners of the consequences of deviating from Forestry Best Management Practices.
- (5) A Registered Forester shall advertise and perform only those services for which the Registered Forester is qualified.
- (6) A Registered Forester shall indicate on whose behalf any public statements are made, and keep proprietary information confidential unless the appropriate person authorizes its disclosure.
- (7) A Registered Forester must avoid conflicts of interest or even the appearance of such conflicts. If, despite such precaution, a conflict of interest is discovered, it must be disclosed to the Registered Forester's employer or client, and the Registered Forester must attempt to resolve the conflict.
- (8) A Registered Forester shall: act in a civil and professional manner; respect the needs, contributions, and viewpoints of others, and; give credit to others for their methods, ideas, or assistance.
- (9) A Registered Forester shall not accept compensation or expenses from more than one employer for the same service, unless the parties involved are informed and consent.
- (10) A Registered Forester having evidence of violation of this code by another Registered Forester shall present the information and charges to the State Board of Registration for Foresters.

SECTION 8

AFFIDAVIT

State of _____

County of _____

_____, the Applicant, deposes and says that I have read the contents hereof, to the best of my knowledge the foregoing statements are true in substance and fact and are made in good faith and I hereby subscribe to and agree to conform with the Code of Ethics set down in Section 7.

Signature of Applicant

Sworn and subscribed to before me the _____ day of _____,

My commission expires _____

Signature of Notary Public or Justice of the Peace

Information for Applicants

An application fee of \$50.00 must accompany this application. This fee covers the cost of the initial examination. Should the Board deny the issuance of a license to the applicant, no portion of the application fee will be refunded. If the application for registration is approved, the applicant must submit a registration fee of \$40.00 for the current year's registration. The check or money order is to be made payable to "State Board of Registration for Foresters."

Meetings of the Board for the purpose of conducting examinations under GS89B-12 of the Laws of North Carolina will be held on the dates and at those places designated by the Board. All applicants, except those applying for reciprocity, are required to pass the qualifying examination. Applicants will be notified of the exam date and location at least 30 days in advance