

Address all inquiries and send completed application to:

**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:

Level I Examination:  
Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Level II Examination:  
Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Date: \_\_\_\_\_ Score: \_\_\_\_\_  
Date: \_\_\_\_\_ Score: \_\_\_\_\_

Date Approved: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
\_\_\_\_\_  
Date Disapproved: \_\_\_\_\_  
Reason Disapproved: \_\_\_\_\_  
\_\_\_\_\_  
Date on Hold: \_\_\_\_\_

**APPLICATION FOR CERTIFICATION AS A REGISTERED FORESTER**

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

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 :	
<b>Date of Registration</b>	<b>License or Certificate Number</b>
<b>Registered by Examination:</b>	<b>If not, explain:</b>
<b>Is Registration Current?</b>	<b>If not, explain:</b>
<b>Date Registration Expires:</b>	
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:
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\* 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