



STATE BOARD OF REGISTRATION FOR FORESTERS

POST OFFICE BOX 27393
RALEIGH, NORTH CAROLINA 27611
PHONE: 919-847-5441

WEB PAGE: NCBRF.ORG
E-MAIL: INFO@NCBRF.ORG

Request for Verification of Licensure/Registration

To Be Completed by Applicant:

Name: _____ Registration #: _____

To Be Completed by Responding Board

Our records show the applicant named above:

1. Was registered on (date): _____
2. Registration Number: _____
3. Now holds a valid registration which will expire on: _____
4. Held a valid registration which expired on : _____
5. Was found to be qualified for registration on the basis of:

Written exam: passing score _____ applicants score _____

Origin of exam: State _____ SAF CF _____

Oral exam

Education _____ years; and experience of _____ years

Comity/Reciprocity with _____ (state)

Grandfather clause in our law

Other (please explain) _____

Name of Board: _____

Signed: _____

Title: _____

Date: _____

Address: _____

Telephone: _____

Please submit this form to the above address.