

**North Carolina State Board of Registration for Foresters
Post Office Box 27393
Raleigh, North Carolina 27611
Phone: (919)847-5441**

Request for information about _____
Whose home or place of business is _____

Dear Sir or Madam:

The person whose name appears above is an applicant for a certificate of registration as a Registered Forester in the State of North Carolina. Under the provisions of the Act of the General Assembly, 1975 Sessions G.S. 89B "to provide for the Registration of Foresters," the applicant is required to furnish evidence satisfactory to this Board that he/she is qualified to practice professional forestry. The applicant has referred us to you as one who is familiar with his/her character, reputation, professional qualifications and capabilities.

Please complete the questionnaire on the other side of this letter and return it promptly to the Board at the above address.

This Board has the responsibility for registering only those persons who are qualified to practice the profession of forestry in any of its branches, and who have demonstrated integrity, responsibility, and high standards of ethical conduct. Through the exercise of such responsibility the Board can help assure that the provisions of this Act of the General Assembly will effectively benefit and protect the public by improving the standards and practice of professional forestry in North Carolina.

The Board emphasizes that statements submitted on the reverse of this letter must be from personal knowledge only, must not be perfunctory, nor made for the mere purpose of aiding the applicant.

Your statements will be accepted by the Board as deliberate and made with the full realization of their potential impact on the citizens of North Carolina. In view of this responsibility the Board requests your cooperation by answering the questions fully, carefully, and with utmost frankness. All information provided will, within the constraints of State Law, remain confidential.

We thank you for your cooperation.

Sincerely,

STATE BOARD OF REGISTRATION FOR FORESTERS

Request for information concerning _____
ANSWERS TO BE GIVEN FROM PERSONAL KNOWLEDGE ONLY

Your name (please print) _____

Your address _____

1. What is your present business or profession? _____

Name of your employer _____

2. Are you a practicing registered forester? _____ State _____ Reg.No. _____
(If registered, please give state & Reg. No.)

3. How long have you known the applicant? _____ years

4. Are you in any way related to the applicant? _____

5. What has been your business connection with the applicant? _____

6. Approximately how much of the applicant's working time is spent in the practice of professional forestry?

100% _____ Two-thirds? _____ Half? _____ One-third? _____ Less than a third? _____

Please give the applicant a numerical rating on each of the following attributes:

Very strong = 1; Strong = 2; Average = 3; Weak = 4; Very Weak = 5.

Character, reputation, standing in the community _____

Professional integrity and honesty _____

Professional training and knowledge _____

Competence and effectiveness in professional work _____

Sense of responsibility; loyalty to clients or employer _____

Trustworthiness _____

Dependability, reliability _____

Ethical standards _____

7. Would you employ the applicant? _____

8. Do you recommend the applicant for certification a Registered Forester? _____

I certify that the above statements are correct and accurate to the best of my knowledge.

(Date)

(Written Signature)

(Please use separate sheet for additional comments or explanation, if needed.)