

**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 _____, 2019

_____(SEAL)

Notary Public

Notary Expiration Date _____