ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS
2009 License Renewal Notice and CFE Form

Full Name_____ License No._____
First Middle Last Generation (Sr., Jr., III)

Social Security Number (Required) _____ DOB _____
(last 4 digits) (mm/dd/yyyy)

Please complete and return this original form along with the renewal fee of $100 ($30 for Inactive/Unlicensed) to the **Alabama State Board of Registration for Foresters, 513 Madison Avenue, Montgomery, AL 36130-4500** by **September 30, 2008**. After this date, the late fee plus renewal is $200 ($100 renewal plus $100 late fee).

Pursuant to *Ala. Code* §34-12-8, 1975, foresters age 65 years and older are exempt from CFE requirements. Date of birth is required for this CFE exemption. To qualify, the forester must be age 65 or older at the date of license expiration **(9/30/08)**. All others must list below ten (10) hours of qualified CFE coursework from **10/1/06** to **9/30/08**, unless you were licensed after **9/30/07**, in which case you are exempt from CFE requirements for the 2009 renewal year. Foresters who qualify for CFE exemptions are required to pay renewal fees. Use the back of this form if more space is needed for credits. Once course hours are submitted for credit, they cannot be used again in a future year. If you have more than 10 hours of course work to submit, you may carry over unused hours (not to exceed 10 hours) to next year's renewal form. (See http://www.asbrf.alabama.gov/continuingeducation.htm for CFE guidelines.)

Type of forestry work you plan to do in 2008_____ Do you wish to be classified as Inactive/Unlicensed? _____ (If you are retired from the forestry profession, and you will not be offering any professional forestry services in the next year, and you do not complete the continued education required, you can continue to be listed in the ROSTER and receive the Registered Forester mailings upon payment of $30. **This payment will not entitle you to a license. Reinstatement of your license will require reapplication to the Board.**)

Hours carried over from 2008 to this year (10 Max.): ____/____ ____/____ ____/____ ____/____
(Cat/Hrs) (Cat/Hrs) (Cat/Hrs) (Cat/Hrs)

_____ _____
Course, Meeting or Session Sponsoring Organization

Category _____ Contact Hours _____ Date attended _____
(mm/dd/yyyy)

_____ _____
Course, Meeting or Session Sponsoring Organization

Category _____ Contact Hours _____ Date attended _____
(mm/dd/yyyy)

_____ _____
Course, Meeting or Session Sponsoring Organization

Category _____ Contact Hours _____ Date attended _____
(mm/dd/yyyy)

Hours carrying over to next year (10 Max.): ____/____ ____/____ ____/____ ____/____
(Cat/Hrs) (Cat/Hrs) (Cat/Hrs) (Cat/Hrs)

(Use back if more space is needed to report credits)

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I, the applicant for license renewal named on this application, have read the requirements for license renewal, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith and I hereby subscribe to and agree to abide by the rules of professional conduct as previously set forth.

_____
Signature of Applicant (Required)