

ALABAMA BOARD OF REGISTRATION FOR FORESTERS
APPENDIX A

FORMS

Application for License as a Registered Forester

Application for Reciprocity

Application for Reinstatement of License as a Registered
Forester

Reference Form

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License Renewal Notice and CFE Form

Complaint Form - Registered Forester

Complaint Form - Practicing Forestry/No License

Supervision Compliance Letter

Application No. _____

ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS

513 Madison Avenue, Montgomery, AL 36130

Phone: 334/240-9301

FAX: 334/353-3641

Web address: <http://www.asbrf@alabama.gov>

Email: Alexis.London@asbrf.alabama.gov

PHOTO

APPLICATION FOR LICENSE AS A REGISTERED FORESTER

Information for Applicants

All applications for registration must be made on this form and must be typewritten or printed. The registration fee of \$50 must accompany this application and both must be filed with the Secretary of the State Board of Registration for Foresters at the above address. Requests for accommodations under the Americans with Disabilities Act for any known disability must be made at the time of application.

Meetings of the Board for the purpose of conducting examinations under §34-12-6, Code of Alabama, 1975 will be held on dates to be designated by the Board. Applicants required to take examinations will be notified of the dates.

Should the Board deny issuance of a license to any applicant, no portion of the fee will be refunded.

A copy of §34-12-6, Code of Alabama, 1975 as amended and other information may be obtained from the State Board of Registration for Foresters at the above address and should be read by all applicants.

1. General Information

Name in Full		First	Middle	Last
Social Security Number (Required)				
Date of Birth		Place of Birth		
Residence Address	No., Street or P.O. Box			
City	State	Zip	County	
Area Code/Telephone	Voice	Fax	e-mail address	

Business Address		No., Street or P.O. Box		
City	State	Zip	County	
Area Code/Telephone	Voice	Fax	e-mail address	
Present Position & Title				

Give names and contact information for five references, not relatives; at least three (3) of whom are professional foresters having personal knowledge of your character and professional reputation. **Do not use Board Members as references.**

	Name	Position	Mailing Address	E-Mail Address	Area Code / Telephone
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1.					
2.					
3.					
4.					
5.					

3. Professional Experience Following Graduation
 (Applicants must fill out columns. Use additional sheet if necessary)

From (mm/yy)	To (mm/yy)	Title of Position Held, Name of Employer and Character of Each Engagement. Be as Specific as to Responsible Work Performed.	Name and Address of Someone Familiar With Each Engagement Preferably the person to Whom Applicant Reported.
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:

4. Rules of Professional Conduct

The applicant agrees to conform to the following rules of professional conduct:

1. Advertise only in a dignified manner, setting forth the truthful and factual statements for the services he is prepared to render.
2. Strive for correct and increasing knowledge of forestry and the disseminator of their knowledge and will discourage and condemn the spreading of untrue, unfair, and exaggerated statements concerning forestry.
3. When serving as an expert witness on forestry matters, in a public or private fact finding proceeding, will base testimony on adequate knowledge of the subject matter, and render opinion based on honest conviction.
4. Refrain from expressing publicly an opinion on a technical subject unless informed as to the facts relating thereto, and will not distort or withhold data of a substantial or other nature for the purpose of substantiating a point of view.
5. Will not voluntarily disclose information concerning business affairs of his principals, clients or employers that they desire to keep confidential, unless express permission is first obtained.
6. Will not, without the full knowledge and consent of his principal, client, or employer, have an interest in any business, which may influence judgment in regard to the work for which he is engaged.
7. Will not, for the same service, accept compensation of any kind, other than from his principal client or employer, without full disclosure, knowledge, and consent of all parties.
8. Will engage, or advise his principal, client or employer to engage other experts and specialists in forestry and related fields whenever the client's or employer's interest would be best served by such actions, and will cooperate freely with them in their work.
9. Will aid in safeguarding against the registration of persons unqualified because of lack of good moral character or of adequate training.
10. If he has substantial and convincing evidence of unprofessional conduct of a registered forester, he will present the information to the State Board of Registration for Foresters.

5. Affidavit

STATE OF: _____ ss.
County of: _____

_____, being first duly sworn, deposes and says:
I, the Applicant named in this application have read the contents hereof, 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 a agree to conform with the Rules of Professional Conduct set forth in Section 4 above.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Signature of Notary Public

My commission expires _____

6. Record of Board

(This space for use only by the Board)

Date application received	_____	Amount Paid	_____
Date(s) of Examination	(1)_____	(2)_____	(3)_____
Grades	(1)_____	(2)_____	(3)_____
Action of Board and Dates	_____ _____		

(Seal) Endorsement of Board _____

LICENSE NO. _____

ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS

513 Madison Avenue, Montgomery, AL 36130

PHOTO

APPLICATION FOR RECIPROCITY

Information for Applicants

All applications for reciprocity must be made on this form and must be typewritten or printed. The reciprocity fee that must accompany this application is that fee charged Alabama registrants by the Board that granted your license in your present state of residence. Please submit [**Select One**]. Both must be sent to the Secretary, State Board of Registration for Foresters, Montgomery, Alabama at the address shown at the top of the application form.

Should the Board deny issuance of a Reciprocity Identification card to any applicant, no portion of the fee will be refunded.

Reciprocity may be granted by the Board upon certification by the Board in your state of residence that you hold a valid license and have passed an examination. Requests for accommodations under the Americans with Disabilities Act for any known disability must be made at the time of application.

Reciprocity privileges run concurrent with your State license and must be applied for annually or prior to expiration of your license.

Applicants who wish to familiarize themselves with the Reciprocity provision of the Alabama law may write the Secretary, State Board of Registration for Foresters, Montgomery, Alabama and request a copy of the Code of Alabama, §34-12-18.

Note: All applicants must provide an official transcript showing college credits or a copy of their diploma.)

1. General Information

Name in Full	First	Middle	Last
Social Security Number (Required)			
Birthplace		Date of Birth	
Residence Address	No., Street or P.O. Box		
City	State	Zip	
Area Code/Telephone	Voice	Fax	e-mail address

Business Address	No., Street or P.O. Box		
City	State	Zip	
Area Code/Telephone	Voice	Fax	e-mail address

Name of Employer			
Present Title			
Name of State Board granting current license			
License Number		Expiration Date	
Forestry School from which graduated			
Degree		Year	
Years of experience following awarding of degree to the present			
States in which registered in addition to state of residence			

2. Rules of Professional Conduct

The applicant agrees to conform to the following rules of professional conduct:

- 11. Advertise only in a dignified manner, setting forth the truthful and factual statements for the services he is prepared to render.
- 12. Strive for correct and increasing knowledge of forestry and the disseminator of their knowledge and will discourage and condemn the spreading of untrue, unfair, and exaggerated statements concerning forestry.
- 13. When serving as an expert witness on forestry matters, in a public or private fact finding proceeding, will base testimony on adequate knowledge of the subject matter, and render opinion based on honest conviction.
- 14. Refrain from expressing publicly an opinion on a technical subject unless informed as to the facts relating thereto, and will not distort or withhold data of a substantial or other nature for the purpose of substantiating a point of view.
- 15. Will not voluntarily disclose information concerning business affairs of his principals, clients or employers that they desire to keep confidential, unless express permission is first obtained.
- 16. Will not, without the full knowledge and consent of his principal, client, or employer, have an interest in any business, which may influence judgment in regard to the work for which he is engaged.
- 17. Will not, for the same service, accept compensation of any kind, other than from his principal client or employer, without full disclosure, knowledge, and consent of all parties.
- 18. Will engage, or advise his principal, client or employer to engage other experts and specialists in forestry and related fields whenever the client's or employer's interest would be best served by such actions, and will cooperate freely with them in their work.
- 19. Will aid in safeguarding against the registration of persons unqualified because of lack of good moral character or of adequate training.
- 20. If he has substantial and convincing evidence of unprofessional conduct of a registered forester, he will present the information to the State Board of Registration for Foresters.

3. Affidavit

STATE OF: _____ ss.
County of: _____

_____, being first duly sworn, deposes and says:
I, the Applicant named in this application have read the contents hereof, 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 a agree to conform with the Rules of Professional Conduct set forth in Section 2 above.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

(Seal)

Signature of Notary Public

My commission expires _____

4. Record of Board

(This space for use only by the Board)

Date application received _____ Amount Paid _____

Board action with date: _____

Endorsement of Board _____

Chairman

(Seal)

LICENSE NO. _____

Application No. _____

ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS

513 Madison Avenue, Montgomery, AL 36130

Phone: 334/240-9301

FAX: 334/353-3641

Web address: <http://www.asbrf@alabama.gov>

Email: Alexis.London@asbrf.alabama.gov

APPLICATION FOR REINSTATEMENT OF LICENSE AS A REGISTERED FORESTER

Information for Applicants

All application for registration must be made on this form and must be typewritten or printed. The registration fee of \$250 must accompany this application and both must be filled with the Secretary State Board of Registration for Foresters at the above address. Meeting of the Board for the purpose of conducting examinations under §34-12-6, 1975 Code of Alabama will be held on dates to be designated by the Board. Applicants required to take examinations will be notified of the dates. Requests for accommodations under the Americans with Disabilities Act for any known disability must be made at the time of application.

Should the Board deny issuance of a license to any applicant, no portion of the fee will be refunded.

A copy of §34-12-6, 1975 Code of Alabama as amended and other information may be obtained from the State Board of Registration for Foresters at the above address and should be read by all applicants.

1. General Information

Name in Full		First	Middle	Last
Social Security Number (Required)				
Date of Birth		Place of Birth		
Residence Address	No., Street or P.O. Box			
City	State	Zip	County	
Area Code/Telephone	Voice	Fax	e-mail address	

Business Address	No., Street or P.O. Box			
City	State	Zip	County	
Area Code/Telephone	Voice	Fax	e-mail address	
Present Position & Title				

Give names and contact information for five references, not relatives; at least three (3) of whom are professional foresters having personal knowledge of your character and professional reputation. **Do not use Board Members as references.**

	Name	Position	Mailing Address	E-Mail Address	Area Code / Telephone
6.					
7.					
8.					
9.					
10.					

IMPORTANT: You must have 10 CFE hours to apply for reinstatement. Please attach your CFE form to this application before mailing.

3. Professional Experience Following Graduation

(Applicants must fill out columns. Use additional sheet if necessary)

From (mm/yy)	To (mm/yy)	Title of Position Held, Name of Employer and Character of Each Engagement. Be as Specific as to Responsible Work Performed.	Name and Address of Someone Familiar With Each Engagement Preferably the person to Whom Applicant Reported.
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:
		Title of Position: Employer: Character of Work Performed:	Name: Position/Title: Address:

4. Rules of Professional Conduct

The applicant agrees to conform to the following rules of professional conduct:

- 21. Advertise only in a dignified manner, setting forth the truthful and factual statements for the services he is prepared to render.
22. Strive for correct and increasing knowledge of forestry and the disseminator of their knowledge and will discourage and condemn the spreading of untrue, unfair, and exaggerated statements concerning forestry.
23. When serving as an expert witness on forestry matters, in a public or private fact finding proceeding, will base testimony on adequate knowledge of the subject matter, and render opinion based on honest conviction.
24. Refrain from expressing publicly an opinion on a technical subject unless informed as to the facts relating thereto, and will not distort or withhold data of a substantial or other nature for the purpose of substantiating a point of view.
25. Will not voluntarily disclose information concerning business affairs of his principals, clients or employers that they desire to keep confidential, unless express permission is first obtained.
26. Will not, without the full knowledge and consent of his principal, client, or employer, have an interest in any business, which may influence judgment in regard to the work for which he is engaged.
27. Will not, for the same service, accept compensation of any kind, other than from his principal client or employer, without full disclosure, knowledge, and consent of all parties.
28. Will engage, or advise his principal, client or employer to engage other experts and specialists in forestry and related fields whenever the client's or employer's interest would be best served by such actions, and will cooperate freely with them in their work.
29. Will aid in safeguarding against the registration of persons unqualified because of lack of good moral character or of adequate training.
30. If he has substantial and convincing evidence of unprofessional conduct of a registered forester, he will present the information to the State Board of Registration for Foresters.

5. Affidavit

STATE OF: _____ ss.
County of: _____

_____, being first duly sworn, deposes and says:
I, the Applicant named in this application have read the contents hereof, 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 agree to conform with the Rules of Professional Conduct set forth in Section 4 above.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Signature of Notary Public

My commission expires _____

6. Record of Board

(This space for use only by the Board)

Date application received _____ Amount Paid _____
Date(s) of Examination (1)_____ (2)_____ (3)_____
Grades (1)_____ (2)_____ (3)_____
Action of Board and Dates _____

Endorsement of Board

(Seal)

LICENSE NO. _____

Reference Form

Applicant's Name _____

Employer _____

Your Name _____

Address _____

Business or Title _____

Are you a graduate Forester? __Yes __No Are you a Registered Forester? __Yes __No
If so, list state(s) _____

The following answers are to be given from personal knowledge.

1) I have known the applicant for approximately _____ years.

2) Are you in any way related to the applicant? _____

3) What has been your relationship with the applicant, if any? _____

4) What is the applicant's reputation and standing in the community? _____

5) Would you employ the applicant in a position of trust? _____

If the answer is **No**, please explain _____

6) In your opinion is the applicant qualified by education and/or experience to practice professional forestry? _____

7) Is the applicant currently responsible for or practicing professional forestry?

Please explain _____

8) Do you recommend the applicant for a license as a Registered Forester in the State of Alabama? _____. If your answer is **No**, please explain.

The above statements, to the best of my knowledge and belief, are correct.

Date _____ Signature _____

Change of Address Form

First Name: _____

Last Name: _____

Title: _____

Company: _____

License Number: _____

SSN (last 4 digits): _____

Business Address: _____

Business City: _____

Business State: _____

Business Zip: _____

Business County: _____

Business Phone: _____

Business Fax: _____

Business Email: _____

Home Address: _____

Home City: _____

Home State: _____

Home Zip: _____

Home County: _____

Home Phone: _____

Home Fax: _____

Home Email: _____

ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS
20__ 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 \$_____ (\$___ for Inactive/Unlicensed) to the Alabama State Board of Registration for Foresters, 513 Madison Avenue, Montgomery, AL 36130-4500 by _____. After this date, the late fee plus renewal is \$_____ (\$___ renewal plus \$___ 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/___). All others must list below ten (10) hours of qualified CFE coursework from 10/1/___ to 9/30/___, unless you were licensed after 9/30/___, in which case you are exempt from CFE requirements for the 20__ 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 20__ : _____ 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 \$___. This payment will not entitle you to a license. Reinstatement of your license will require reapplication to the Board.)

Hours carried over from 20__ 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)

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)

Alabama State Board of Registration for Foresters
513 Madison Avenue, Montgomery, Alabama 36130
334/240-9301

SBRF COMPLAINT FORM
Registered Forester

RECEIVED _____

COMPLAINT NO.

Any person may prefer charges of fraud, deceit, gross negligence, incompetence or other misconduct in connection with any forestry practice against any Registered Forester. Such charges shall be in writing, shall be sworn to by the person making them, and shall be filed with the secretary of the Board. Title 34-12-9, Code of Alabama, 1975.

In order for the Board of Registration for Foresters to investigate such charges against a Registered Forester (RF), this Complaint Form should be completed in full, signed by the person making the complaint and notarized.

1. Name of Registered Forester (alleged offender):

2. Home address of Registered Forester:

Home telephone of Registered Forester:

3. Business address of Registered Forester:

Business telephone of Registered Forester:

4. Identify the acts or conduct complained of and the applicable violation from the list below (attach additional sheets as necessary):

- 1) fraud
- 2) deceit
- 3) gross negligence
- 4) incompetency
- 5) Other misconduct

5. Include any documents, evidence or written support relating to the information identified in No. 4.

6. Name, address and telephone of other individuals having personal knowledge of facts relevant to this complaint:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

7. Name and address of person filing this complaint:

Name:
Address:
Telephone:

Signature of person making complaint

STATE OF _____

COUNT OF _____

_____ personally appeared before me with the within named who acknowledged that they signed and delivered the foregoing instrument, on the _____ of _____.

Notary Public

My Commission Expires: _____

The Board of Registration for Foresters reserves the right to consider or dismiss this complaint and to determine if the circumstances required further action and to take that action, if any, which it deems is appropriate. The Board of Registration for Foresters reserves the right to fully disclose as a matter of public record any and all information obtained related to this complaint. All records of this complaint and any subsequent proceedings will be retained in the confidential files of this Board.

ALABAMA BOARD OF REGISTRATION FOR FORESTERS
513 Madison Avenue, Montgomery, Alabama 36130
334-240-9301

SBRF COMPLAINT FORM
Practicing Forestry/No License

RECEIVED _____ COMPLAINT NO. _____

The practice of forestry without a license is prohibited by law and is a criminal offense. Sections 34-12-2 and 34-12-12(a), Code of Alabama, 1975.

In order for the Board of Registration for Foresters to investigate alleged forestry practices without a license, this Complaint Form should be completed in full, signed by the person making the complaint, and notarized.

1. Name of alleged offender:

2. Home address of alleged offender:

Home telephone of alleged offender:

3. Business address of alleged offender:

Business telephone of alleged offender:

- 4. Please cite one or more of the following violations for which the Board has jurisdiction:
 - 1) Practice of forestry without a license.
 - 2) Offer to practice forestry without a license.
 - 3) Use or assume use, advertise title or description tending to convey impression of being a forester without a license.
 - 4) Use or attempt to use as own, the license of another.
 - 5) Providing false or forged evidence to the Board in obtaining a license.
 - 6) Attempting to use an expired or revoked license.
 - 7) Any provision of Title 34 Chapter 12, Code of Alabama, 1975.

- 5. Include any documents, evidence or written support relating to the information identified in No. 4.

- 6. Name, address and telephone of other individuals having personal knowledge of facts relevant to this complaint:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

Name:
Address:
Telephone:

- 7. Name, address and telephone of person filing this complaint:

Name:
Address:
Telephone:

Signature of person making complaint

STATE OF _____

COUNTY OF _____

_____ personally appeared before me with the within named who acknowledged that they signed and delivered the foregoing instrument on the _____ day of _____.

Notary Public

My Commission Expires: _____

The Board of Registration for Foresters reserves the right to consider or dismiss this complaint and to determine if the circumstances require further action and to take that action, if any, which it deems is appropriate. The Board of Registration for Foresters reserves the right to fully disclose as a matter of public record any and all information obtained related to this complaint. All records of this complaint and any subsequent proceedings will be retained in the confidential files of this Board.

Supervision Compliance Letter

Alabama Board of Registration for Foresters
513 Madison Avenue
Montgomery, AL 36130

Gentlemen:

I will be responsible for all forestry related activities as defined in the 1975 CODE OF ALABAMA, TITLE 34-12 FORESTERS, as amended, performed by _____, whose address is _____.

I have read and understand the Board's Policy Statement 380-X-6-01 on Supervision, which states: It shall be the policy of the Board, under 34-12-2(3), of the 1975 CODE OF ALABAMA, that: " the word "supervision" should mean the direct personal inspection and approval of all work of such employee or subordinate which is presented to the public in any form as being the effort, the result of the efforts, opinion, advice or recommendation of a Forester."

I understand any complaint received against this individual will be considered a complaint against me. I also understand that after a proper hearing, there is a possibility that my license could be revoked or suspended because of actions of the individual under my supervision.

I will ensure that my name will be signed to the approved form of certification for any timber sale prospectus, map, plan or document of any description pertaining to forest management accomplished by this non-registered individual.

Sincerely yours,

(RF Name)
Title
Business
Address