

ALABAMA BOARD OF REGISTRATION FOR FORESTERS  
APPENDIX A

FORMS

Application For License As A Registered Forester  
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Forester  
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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](mailto: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
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 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) \_\_\_\_\_

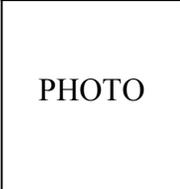
Action of Board and Dates \_\_\_\_\_  
\_\_\_\_\_

Endorsement of Board \_\_\_\_\_

(Seal) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LICENSE NO. \_\_\_\_\_

**ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS**  
**513 Madison Avenue, Montgomery, AL 36130**



**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 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](mailto: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	_____ _____		

(Seal) Endorsement of Board \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**  
**STATEMENT OF SUPERVISION**

Submit completed form to: Alabama State Board of Registration for Foresters, P.O. Box 304500, Montgomery, AL 36130-4500

I, \_\_\_\_\_, AL R.F. License No. \_\_\_\_\_, will be fully responsible for all forestry-related activities as defined by Section 34-12-1 of the Code of Alabama 1975, performed by \_\_\_\_\_, whose physical address is \_\_\_\_\_ for the period beginning \_\_\_\_\_ through \_\_\_\_\_.

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 Code of Ala. 1975, §34-12-2(3), 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." Below is an accurate detailed description of our supervisor/subordinate relationship and the work being performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

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.

\_\_\_\_\_  
Registered Forester \_\_\_\_\_  
Date

State of: \_\_\_\_\_

County of: \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, in and for said County and State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public (Seal)

My commission expires: \_\_\_\_\_

380-X-5-01b

{Date}

{Complainant's Name & Address}

RE: Complaint Concerning a Non-Registered Forester

Dear {Complainant}:

In order for the Alabama Board of Registration for Foresters (ASBRF) to initiate action concerning your complaint, the attached form must be completed, signed by you, notarized, and submitted to this office.

Your complaint should cite one or more of the following violations for which the ASBRF has jurisdiction:

- a. practice of forestry w/o license
- b. offer to practice forestry w/o license
- c. use or assume use, advertise title or description tending to convey impression of being a forester w/o license
- d. use or attempt to use as own, the license of another
- e. providing false or forged evidence to Board in obtaining a license
- f. attempting to use an expired or revoked license
- g. any provision of Title 34 Chapter 12, Code of Alabama 1975

Please provide all facts for which you have personal knowledge and any supporting evidence. It is also important to list all other persons who may have personal knowledge of the facts.

Upon receipt of your completed complaint form, this Board will consider its course of action. You can expect to be informed of its progress and final disposition. Any complaint is serious as it is a potential violation of the Alabama Law, and all records will be confidential to the ASBRF. Said records will be made public only if legal action requires.

If you have any questions, please contact me at 334-240-9301.

Sincerely,

ASBRF Office Manager

380-X-5-.01c

Alabama Board of Registration for Foresters  
P.O. Box 304500, Montgomery, Alabama 36130-4500  
334-240-9301

ASBRF 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.  
Code of Alabama 1975, §§ 34-12-2 and 34-12-12(a).

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 number of alleged offender:

\_\_\_\_\_

3. Business address of alleged offender:

\_\_\_\_\_

\_\_\_\_\_

Business telephone number 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 Chapter 12 of Title 34, 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 number of other individuals having personal knowledge of facts relevant to this complaint:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

380-X-5-.01c

I understand that 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.

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge.

\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_ who is known to me and who, after being first duly sworn, deposes and says that the contents of the foregoing instrument and any attached statement thereto, are true and accurate to the best of his/her knowledge, information and belief, and is submitted voluntarily and under oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

{Date}

{Complainant's Name & Address}

RE: Complaint Concerning a Registered Forester

Dear {Complainant}:

In order for the Alabama State Board of Registration for Foresters (ASBRF) to initiate action concerning your complaint, the attached form must be completed, signed by you, notarized, and submitted to this office.

Your complaint should cite one or more of the following violations for which the ASBRF has jurisdiction:

- a. Fraud
- b. Deceit
- c. Gross negligence
- d. Incompetency
- e. Other misconduct

Please provide all facts for which you have personal knowledge and any supporting evidence. It is also important to list all other persons who may have personal knowledge of the facts.

Upon receipt of your completed complaint form, this Board will consider its course of action. You can expect to be informed of its progress and final disposition. Any complaint is serious as it is a potential violation of the Alabama Law, and all records will be confidential to the ASBRF. Said records will be made public only if legal action requires.

If you have any questions, please contact me at 334-240-9301.

Sincerely,

ASBRF Office Manager

Alabama State Board of Registration for Foresters  
P.O. Box 304500, Montgomery, Alabama 36130-4500  
334/240-9301

ASBRF 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. Code of Alabama 1975, § 34-12-9.

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 number of Registered Forester: \_\_\_\_\_

3. Business address of Registered Forester:

\_\_\_\_\_  
\_\_\_\_\_

Business telephone number 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 number of other individuals having personal knowledge of facts relevant to this complaint:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

380-X-5-.02c

I understand that 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.

I solemnly swear or affirm that the statements made herein and on any attachments hereto are accurate, complete, and true to the best of my knowledge.

\_\_\_\_\_  
Signature of person filing complaint

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_ who is known to me and who, after being first duly sworn, deposes and says that the contents of the foregoing instrument and any attached statement thereto, are true and accurate to the best of his/her knowledge, information and belief, and is submitted voluntarily and under oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_