ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS 2020 License Renewal Notice and CFE Form

Full Name_____ License No._____ DOB _____ SS#_____
First Middle Last Suffix (mm/dd/yyyy) (Last 4 digits required)

Check One (Required): I am a U.S. citizen. I am not a U.S. citizen, but am lawfully present in the U.S.

Other. Explain._____

Please complete this form and return it to the Board along with the $130.00 renewal fee by **September 30, 2019**. After this date, the renewal fee is $230 ($130 renewal fee plus $100 late fee) and must be postmarked or received by the Board no later than **December 31, 2019**. Mail forms to: **Alabama State Board of Registration for Foresters, P.O. Box 304500 Montgomery, AL 36130-4500**

Type of forestry work you plan to do in 2020 _____.

Foresters age 65 years and older are exempt from CFE requirements. (*Code of Alabama 1975* §34-12-8) Date of birth is required for this exemption. To qualify, the forester must be age 65 or older at the date of license expiration **(9/30/19)**. All others must list below ten (10) hours of qualified CFE coursework from **10/1/17** to **9/30/19**, unless licensed after **9/30/18**, in which case the licensee is exempt from CFE requirements for the 2020 renewal year. **Foresters who qualify for CFE exemptions are required to complete a renewal form and pay renewal fees**.

Please list below only the 10 hours required for the current renewal year. If you list a course that earned more than 10 hours, you may carry over unused hours one year (not to exceed the maximum hours allowed for each category) by listing them on next year's renewal form. Once course hours have been submitted for credit, they cannot be used again in a future year.

_____
Course, Meeting or Session

_____
Sponsoring Organization

Carryover from course used last year? Yes No Category ____ Contact Hours ____ Date _____
(mm/dd/yyyy)

_____
Course, Meeting or Session

_____
Sponsoring Organization

Carryover from course used last year? Yes No Category ____ Contact Hours ____ Date _____
(mm/dd/yyyy)

_____
Course, Meeting or Session

_____
Sponsoring Organization

Carryover from course used last year? Yes No Category ____ Contact Hours ____ Date _____
(mm/dd/yyyy)

(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) **Date**