

Application No. \_\_\_\_\_

**ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS**  
**P.O. Box 304500, 513 Madison Avenue, Montgomery, AL 36130-4500**  
**Phone: 334/240-9301 Fax: 334/240-9387**  
**Web Site: <http://www.asbrf.alabama.gov>**  
**Email: [LeaAnna.Meadows@asbrf.alabama.gov](mailto:LeaAnna.Meadows@asbrf.alabama.gov)**

<p><b>PHOTO REQUIRED</b> (Head &amp; Shoulders)</p>
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**REGISTERED FORESTER APPLICATION**

**Information for Applicants**

All applications for registration, other than reinstatement and reciprocity, must be made on this form and must be typewritten or printed. The following items must be submitted at the time of application: 1) proof of U.S. citizenship or legal presence in the U.S. (See the lists of acceptable documentation at <http://asbrf.alabama.gov/otherforms.htm>); 2) proof of education (See page 2 of this application); 3) registration fee of \$60.00 (check or money order made payable to the Alabama Board of Registration for Foresters); 4) a recent photograph; and 5) Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act of 1990 (ADA) or the ADA Amendments Acts of 2008 (ADAAA) may request special testing arrangements, each will be evaluated individually and accommodations will be made accordingly. Paperwork must be received at least 30 days prior to the exam.

Notice is hereby given that State Law (*Ala. Code* §30-3-194) requires your social security number for the purpose of administering the State child support program by the State Title IV-D Agency.

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.

All laws and rules of the Alabama Board of Registration for Foresters are available at <http://asbrf.alabama.gov>.

**1. General Information**

<b>Full Name</b>	First	Middle	Last	Suffix
<b>Social Security Number (Required)</b>				
<b>Date of Birth</b>	mm/dd/yyyy	<b>Place of Birth</b>		
<b>Check One</b> <input type="checkbox"/> I am a U.S. citizen <input type="checkbox"/> I am not a U.S. citizen, but am lawfully present in the U.S. <input type="checkbox"/> Other. Explain		<b>Complete documentation of U.S. citizenship or lawful presence must be attached to this application. (See the lists of acceptable documentation at <a href="http://asbrf.alabama.gov/otherforms.htm">http://asbrf.alabama.gov/otherforms.htm</a>.)</b>		
<b>Home Address</b> (Physical Address Required)	Number and Street, City, State, and Zip (POB not acceptable)		County	
<b>Area Code/Telephone</b>	Home	Cell	Email Address	
<b>Business Name</b>				
<b>Business Title</b>				
<b>Business Address</b> (Physical Address Required)	Number and Street, City, State, and Zip (POB not acceptable)		County	
<b>Area Code/Telephone</b>	Business	Cell	Email Address	
<b>Preferred Mailing Address</b>	Number and Street or POB, City, State, and Zip		County	

## 2. References

Give the names and contact information for five (5) references (not relatives or Board members), at least three (3) of whom are registered foresters or graduates with a B.S. degree in forestry from a school or college approved by the Board or accredited by the Society of American Foresters, having personal or professional knowledge of your forestry experience. Please verify that all contact information listed is current prior to submitting this application to the Board. (See §34-12-5, Code of Alabama 1975).

	Name	Position	Mailing Address	Email Address	Area Code / Telephone
1.					
2.					
3.					
4.					
5.					

## 3. Education

State in chronological order the name and location of each college or university attended, the time spent at each, and if a graduate, the year of graduation with degree granted. Attach additional sheets if necessary. **Note: Proof of education is required. Graduates with a B.S. degree from a SAF accredited forestry program may submit a copy of their diploma, provided the area of study is shown. All others must have the institution mail an official transcript directly to the Board at the address listed on page one of this application.**

Name and Location of Institution	Years		Date Graduated	Major	Minor (Optional)	Type of Degree
	From (mm/yyyy)	To (mm/yyyy)	(mm/yyyy)			
Name: City & State:						
Name: City & State:						
Name: City & State:						

#### 4. Professional Forestry Experience Following Graduation

Two years of work experience must be acquired after graduation. Applicants with a BS degree from an accredited institution may submit applications for consideration by the Board. However, applicants with less than 24 months experience at the time of application will be required to submit to the Board an addendum under oath in writing, updating their work experience so that at least 2 full years of experience will appear on the record prior to the scheduled examination date.

Applicants must fill out all columns. Begin with your present or most recent employment. List in reverse order periods of employment. Attach additional sheets if necessary.

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

**5. 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 one is prepared to render.
2. Strive for correct and increasing knowledge of forestry and the dissemination of this 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 an 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 one 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 one has substantial and convincing evidence of unprofessional conduct of a registered forester, one will present the information to the State Board of Registration for Foresters.

**6. Affidavit**

State of \_\_\_\_\_  
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 and agree to conform with the Rules of Professional Conduct set forth in Section 5 above.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

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

**7. Record of Board**

(This space for use only by the Board)

Date application received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Control No. \_\_\_\_\_

Date(s) of Examination (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Grade(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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

(Seal)

Endorsement of Board

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

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

CERTIFICATE NO. \_\_\_\_\_