

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

PHOTO
REQUIRED
(Head &
Shoulders)

REINSTATEMENT APPLICATION

Information for Applicants

All applications for reinstatement 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 lists of acceptable documentation at <http://asbrf.alabama.gov/otherforms.htm>); 2) proof of education (See page 2 of this application); 3) reinstatement fee of \$280.00 (check or money order made payable to the Alabama Board of Registration for Foresters); 4) continuing education documentation; 5) written explanation of why your previous license lapsed; 6) a recent photograph; and 7) requests for accommodations under the Americans with Disabilities Act for any known disability. 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

Full Name	First	Middle	Last	Suffix
Social Security Number (Required)				
Date of Birth	mm/dd/yyyy	Place of Birth		
Check One <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	Complete documentation of U.S. citizenship or lawful presence must be attached to this application. (See the lists of acceptable documentation at http://asbrf.alabama.gov/otherforms.htm.)			
Home Address (Physical Address Required)	Number and Street, City, State, and Zip (POB not acceptable)			County
Area Code/Telephone	Home	Cell	Email Address	
Business Name				
Business Title				
Business Address (Physical Address Required)	Number and Street, City, State, and Zip (POB not acceptable)			County
Area Code/Telephone	Business	Cell	Email Address	
Preferred Mailing Address	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. **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. Attach additional sheets if necessary.**

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:						

IMPORTANT: You must have 10 hours of continuing forestry education (CFE) in the appropriate categories to apply for reinstatement. Please attach your CFE documentation to this application before mailing. (See 380-X-6-.04 of the Board’s Administrative Code for CFE requirements.)

4. Professional Forestry Experience Following Graduation

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. _____