

Application No. _____

ALABAMA STATE BOARD OF REGISTRATION FOR FORESTERS
P.O. Box 304500, 513 Madison Avenue, Montgomery, AL 36130-4500

**ADDENDUM
TO THE
REGISTERED FORESTER APPLICATION
PROFESSIONAL FORESTRY EXPERIENCE FOLLOWING GRADUATION**

This form must be completed by all applicants who submitted less than 24 months of professional forestry experience at the time of application, 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 only those periods of employment in which you have been engaged since you submitted your initial application. If you have not changed employers, please re-enter your employment information with current dates, positions, duties, etc. If you have changed employers, please enter information for each engagement since you submitted your initial application, including the position(s) you were actively engaged in at the time of initial application. Attach additional sheets if necessary.

Full Name		First	Middle	Last	Suffix
Social Security Number (Required)			Date of Birth		
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:

Affidavit

State of _____
County of _____

_____, being first duly sworn, deposes and says: I, the Applicant named in this Addendum 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.

Signature of Applicant

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

(Seal)

Signature of Notary Public

My commission expires _____