State of California Board of Forestry and Fire Protection Professional Foresters Registration P.O. Box 944246 Sacramento, CA 94244-2460 Telephone: (916) 902-5056

For office use only:
Received:
Applicant No:
License No:

APPLICATION FOR REGISTRATION AS A PROFESSIONAL FORESTER

THIS APPLICATION MUST BE TYPEWRITTEN

(Refer to Title 14, California Code of Regulations (14 CCR), §1620 for exceptions)

·		•	,, -	,		
APPLICANT NAME (Last) (I	First)	(M.I.)	SOCIAL SECU	JRITY NUMBER		
MAILING ADDRESS (Number)	(Stree	et)	WORK TELEF	PHONE		
		(=, -, .)	-	-		
(City) (County)	(State)	(Zip Code)				
YOUR E-MAIL ADDRESS			HOME TELEP	HONE		
			-	-		
PLEASE ANSWER THE FOLLOWING Q	UESTIONS: (F	Fully explain any questions	answered "yes")			
1. Have you previously applied for this	examination?				YES	NO
Have you ever had a governmental li certification denied, suspended or rev					YES	NO
3. Do you need reasonable accommode examination?	ations to take a	a written			YES	NO
4. Have you been convicted of a felony or misdemeanor (within the past 10 years) which has resulted in imprisonment or fine exceeding \$100, regardless of if the sentence was actually imposed or stayed under probation? (such conditions will not necessarily disqualify an applicant)					YES	NO
Explanation:						
All exams will be in Shingle Springs (Sac as 1 for first choice, 2 for second and so protocols.				· ·	3. Eureka	a Redding
COLLEGE OR UNIVERSITY: Refer to Pu	ublic Resource	es Code (PRC) §769(b), 14	CCR §1620.3 and	§1621.4.		
Name and Location of Institution	Attendand From	ce Major To	Units Qtrs. Sem.	Date of Graduation		egree ceived
	+ +					

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Name		

Enter your Work Experience and Education sequence starting with the most recent and continue in reverse time order. (Refer to PRC §769 (b).)

WORK EXPERIENCE: Describe each qualifying work experience (Refer to 14 CCR §1621.1, §1621.2 & §1622) in sufficient detail to describe the level of your responsibility and the nature of your forestry decisions. At least seven years of forestry work experience is required. At least three of the seven years must include forestry work supervised by an RPF or a qualifed, but exempt person, or having charge of forestry work. (Refer to PRC § 769 (b).)

EDUCATION: Note each period you were in college; you DO NOT need to repeat the college address, supervisor, etc., each time. If you are substituting a four-year degree for part of the seven years; (1) you cannot claim any work experience obtained during this same period in school and (2) a certified transcript must be submitted to verify eligibility. (Refer to 14 CCR §1620.3 §1621.3, and §1621.4)

Additional sheets may be used as necessary. Information provided is subject to verification (Refer to 14 CCR § 1621). Falsifying information will result in denial of application and constitutes cause for revocation of license.

Providing your supervisor's e-mail address is optional, but will facilitate the timely completion of your application to take the RPF Examination.

ENGAGEMENT #1	
From (M/D/Y) To (M/D/Y) Employer or College Attended	
Hours per week Total Worked (Years/Months) Address City State	
Name of Supervisor RPF # Phone Number	
Supervisor's e-mail Address	
Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of	of Science, Forest
Management, etc.) and date granted; do not list courses, etc.	,
Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours:	

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Name			

ENGAGEMENT #2					
From (M/D/Y)	To (M/D/Y)	Employer or 0	College Attended		
Hours per week	Total Worked (Y	rears/Months)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Supervisor's e-mail A	ddress		l		
•					
]	
Summary of WORk Management, etc.)	CEXPERIENCE and date grant	engagement ed; do not list	; if educational, courses, etc.	include name of degree ar	nd major (e.g. Bachelor of Science, Forest
Only if WORK EXP	ERIENCE is les	s than 40 hou	rs/week, indica	te hours:	
ENGAGEMENT #3	•				
From (M/D/Y)	To <i>(M/D/Y)</i>	Employer or (College Attended		
(, , ,	,	, ,,,			
Hours per week	Total Worked (Y	(ooro/Montho)	Address	City	State
•	Total Worked (1	ears/Months)		-	State
Name of Supervisor			RPF#	Phone Number 	
Supervisor's e-mail A	ddress				
Summary of WORK	(EXPERIENCE	engagement	if educational	l include name of degree ar	nd major (e.g. Bachelor Science, Forest
Management, etc.)	and date grant	ed; do not list	courses, etc.	morado namo or dogreo di	ia major (e.g. Daemole Golomos, r crost
					-
					-
Only if WORK EXP	ERIENCE is les	ss than 40 hou	rs/week, indica	te hours:	

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Name			

ENGAGEMENT # 4					
From (M/D/Y)	To (M/D/Y)	Employer or 0	College Attended		
Hours per week	Total Worked (\	ears/Months)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Name of Oupervisor			101 #		
Supervisor's e-mail A	ddress				
Summary of WORI	K EXPERIENCE	engagement	; if educational	, include name of degree an	d major (e.g. Bachelor of Science, Forest
Management, etc.)	and date grant	ted; do not list	courses, etc.		
					_
Only if WORK EXP	PERIENCE is les	ss than 40 hou	ırs/week, indica	ate hours:	
ENGAGEMENT "					_
From (M/D/Y)	To <i>(M/D/Y)</i>	Employer or (College Attended		
1 10111 (101/D/ 1)	10 (101/1)	Limployer of V	soliege / tteriaed		
Hours per week	Total Worked (\	(coro/Montho)	Address	City	State
Hours per week	Total Worked (1	rears/worths)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Supervisor's e-mail A	ddrooo		l		
Supervisor's e-mail A	duless				
Summary of WOPI	∕ EYDEDIENI∩E	engagement	· if educational	include name of degree an	d major (e.g. Bachelor Science, Forest
Management, etc.)				, include hame of degree an	d major (e.g. bachelor ocience, r orest
Only if WORK EXP	PERIENCE is les	ss than 40 hou	ırs/week, indica	ate hours:	

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Signature of Applicant:

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Name			

List forestry, or state registratio association.	related, registr ns, licenses or	ations, licenses or certificertifications if applicable	cations issued by any gove e. Do NOT include certifica	rnmental regulatory body. Please include out of ations issued by any professional society or
Type of License	Reg. No.	Issuing Agency / State	Date issued	Remarks
LICCHSC				
15-4		-#::	fil	institute National Management (Inc.)
which indicate y	our race, relig	ous creed, color, nationa	al origin, ancestry, sex, age	izations) You may omit those , or other protected characteristic.
Nam	e of organization	1	Grade of membership	
•		o are familiar with your p	rofessional work. (Refer to Address	14 CCR §1620.1) Phone number
rame (mo	idde lleeriee ridir	iser, ir applicable)	Address	THORE HAMISON
List three respo	nsible member	rs of the community (NO	T foresters) who can attest	to your character and business integrity. (Refer to 14
Name)		Address	Phone number
CHECK IF A	DDITIONAL PA	AGES ARE APPENDED		
check, money o	order, or (when		license fee will be required	on-refundable and must be submitted by upon issuance of your license. Please make
•		ofessional Foresters Law otection website.	and implementing regulation	ons are publicly available, including on the
AND COMPLETE STATEMENTS NEDUCATIONAL	E TO THE BES MAY RESULT II INSTITUTIONS	T OF MY KNOWLEDGE. N MY DISQUALIFICATION	I FURTHER UNDERSTAND N FROM THE EXAMINATION PLICATION TO RELEASE AN	PLICATION, AND ANY APPENDED SHEETS, IS TRUE THAT ANY FALSE, INCOMPLETE, OR INCORRECT PROCESS. I AUTHORIZE THE EMPLOYERS AND Y INFORMATION THEY MAY HAVE CONCERNING MY

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory. Failure to provide all or any part of the requested information may result in the rejection of the application as incomplete. Except for Social Security Numbers, all information is collected pursuant to the Professional Foresters Law (Pub. Resources Code section 750 et seq.) and used to determine applicant eligibility. Providing your Social Security number is mandatory pursuant to Family Code section 17520 and used for determining compliance with any judgment or order for family support in accordance with that code section. Information provided on applications may be disclosed as permitted by the Information Practices Act of 1977 (Civil Code section 1798 et seq.), including as authorized in response to a Public Records Act request (Gov. Code section 6250 et seq.), to another government agency as required by state or federal law, or in response to a court or administrative order, a subpoena, or a search warrant. Each person has the right to review their personal information maintained by the Board unless the records are exempt from disclosure. Personal information is maintained in accordance with the Information Practices Act of 1977 by the Executive Officer of Forester Licensing, Board of Forestry and Fire Protection, P.O. Box P.O. Box 944246, Sacramento, CA 94244-2460, (916) 902-5047.