

West Virginia State Board of Registration for Foresters

APPLICATION FOR REGISTRATION AS:

FORESTER

FORESTRY TECHNICIAN

1. General Information

Date: _____

Name in Full: _____ SS #: _____

Residence Address: _____

Home phone number: _____

Present Position: _____

Employed By: _____

Business Address: _____

Business phone number: _____

Birthplace: _____ Date of Birth: _____

(Give names and addresses of five references, not relatives; at least three (3) of whom are professional foresters having knowledge of your character and professional experience. Do not use Board members as references. Please limit the use of references to no more than two (2) from your place of employment.)

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have child support obligations? ___ Yes ___ No Are you in arrears? ___ Yes ___ No

2. Registration In Other States

Are you registered in any other state(s): _____ Name of state (s): _____

Date of Certificate of Registration: _____ No of Certificate(s): _____

Were you registered by a written examination: _____ Is certificate now in force? _____

3. Membership in Societies, Associations, or Institutes (Professional or Scientific)

(Use additional pages if needed)

Name of Organization	Executive Headquarters	Class of Membership	Date Joined	Offices & Committee Assignments

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.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____

Signature of Notary Public

My Commission expires _____

7. Instructions for Applicants

1. This form must be completely filled out by the applicant, properly signed and notarized and mailed to:

WV Board of Registration for Foresters

PO Box 1032

Ripley, WV 25271

2. The applicant must enclose a check or money order in the amount of \$ 50.00 payable to the WEST VIRGINIA STATE BOARD OF REGISTRATION FOR FORESTERS and an official college transcript.

8. Record of Board

(This space not to be used by the applicant)

Name of Applicant _____ Date Application Received _____

A'mt Received with Application \$ _____ Date Application Reviewed _____

Date of Examination (if given) _____ Results _____

Action of the Board _____

Date of Certificate (if issued) _____ No. of Certificate (if issued) _____