South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Registration for Foresters
P.O. Box 11329 • Columbia • SC• 29211
Phone: 803-896-4800 • contact.foresters@llr.sc.gov • Fax: 803-896-9651
www.llronline.com/POL/Forestry/

EMPLOYMENT VERIFICATION

To be completed by Applicant:

Name: _____ Social Security *(Last Four)*: XXX-XX- _____

To Be Completed by Respondent:

Name of Firm: _____

Business Mailing Address: _____
(Street or P.O. Box)

_____
City State Zip

Business Phone: _____ Fax: _____

Internet Address: _____

Immediate Supervisor of Applicant: _____

Title of Immediate Supervisor: _____

Registration/License Number of Supervisor: _____

Job Title(s) of Applicant: _____
(Attach separate sheet if additional space is needed)

Describe type of work performed in the following: (Attach additional sheets as needed to adequately describe the categories)

a. Silviculture: _____

b. Management: _____

c. Economics: _____

d. Protection: _____

e. Utilization: _____

_____

_____

f. Mensuration: _____

_____

_____

g. Other: _____

_____

_____

In your judgment would the applicant be suitable for registration based on:

Technical Competence – ☐ Yes ☐ No If yes, why _____

_____

Professional Integrity – ☐ Yes ☐ No If yes, why _____

_____

Professional Reputation – ☐ Yes ☐ No If yes, why _____

_____

Personal Integrity – ☐ Yes ☐ No If yes, why _____

_____

Principal Business of Firm: _____

Average Hours Worked Per Week: _____

Total Years Worked: _____ Full Time: _____ Part Time: _____

Employment Dates: From: _____ To: _____
Mo./Day/Year Mo./Day/Year

_____ _____
Print Name of Respondent Title

_____ _____
Signature of Respondent Date

Telephone: _____

PLEASE SUBMIT THIS FORM TO: South Carolina Department of Labor, Licensing and Regulation
Board of Registration for Foresters
PO Box 11329
Columbia, SC 29211-1329