



**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](mailto:contact.foresters@llr.sc.gov) • Fax: 803-896-9651

[www.llronline.com/POL/Forestry/](http://www.llronline.com/POL/Forestry/)



**PROFESSIONAL/PERSONAL REFERENCE**

**To Be Completed by Applicant:**

You must have five professional references, of which three must be Registered Foresters.

Name: \_\_\_\_\_ Social Security (Last Four): XXX-XX-\_\_\_\_\_

**To Be Completed by Respondent:**

The above named applicant has applied for registration as a forester in South Carolina under the provisions of Title 48 of the 1976 Code. The South Carolina Department of Labor, Licensing and Regulation Board of Registration for Foresters requires letters of reference to satisfy the Board as to the character, integrity and competence of the applicant.

Your Profession: \_\_\_\_\_

Number of years of experience: \_\_\_\_\_

Your professional registration/certification:

a) Type: \_\_\_\_\_

b) State: \_\_\_\_\_

c) Registration/Certification Number: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What has been your professional relationship with the applicant?

Employer       Supervisor       Co-worker       Other \_\_\_\_\_

Description of the kind of work performed by applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Do you know of any instances where the applicant was guilty of illegal conduct or professional misconduct? (If yes, please explain on a separate sheet.)  Yes  No

Would you entrust the applicant with activities involving life, property, health and welfare of the public? (If no, please explain on a separate sheet.)  Yes  No

Please include additional information and comments which would amplify or clarify the items above. (Attach additional sheets if necessary.)

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\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Print Name of Respondent

\_\_\_\_\_  
Respondent Address

\_\_\_\_\_  
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