



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Registration for Foresters
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 11329 • Columbia • SC 29211
 Phone: 803-896-4800 • contact.foresters@llr.sc.gov • Fax: 803-704-6772
 www.llr.sc.gov/for

APPLICATION FOR REGISTRATION AS A FORESTER BY REINSTATEMENT

INSTRUCTIONS

Submit the following with your completed application to the above address:

- Check or Money Order for past renewal fee(s), late fee(s) and \$100 reinstatement fee made payable to SC Board of Registration for Foresters. Please contact the Board Office for assistance with calculating fees.
Fee is non-refundable. NO CASH IS ACCEPTED.
A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver’s License, State Issued photo ID or Passport.
- Criminal history background check from the State Law Enforcement Division (SLED) www.sled.state.sc.us. Non-residents must submit a criminal history background check from the applicant’s resident state (State Law Enforcement Agency or equivalent).
- CFE Reporting Form and attendance documents:
 - a. Registration lapse of 1-3 years: Complete the CFE requirements for a minimum of one year prior to application for registration.
 - b. Registration lapse of 4-10 years: Complete the current CFE requirements for a minimum of two years credits during the 18 months preceding the application for reinstatement.
 - c. Registration lapse of 11 or more years: Completion of the examination required for initial licensing.
- Escrow/Trust Account Certification Affidavit (**Applicable only to foresters who hold monies belonging to others.**)

NOTE: Incomplete or incorrect statements may be cause for return, disapproval and/or suspension.

APPLICANT INFORMATION

Full Name: _____ Prior Last Name(s): _____

Home Address: _____ County: _____
(Street, City, State & Zip)

Phone: (____) _____ Email: _____

Date of Birth: _____ Social Security No.: _____

CHECK ONE: Mail all correspondence to: Employer Home

Employer: _____

Address: _____ County: _____
(Street, City, State & Zip)

Business Phone: (____) _____ Fax: (____) _____

EDUCATION

Include in chronological order attendance at each college or university beyond high school. Do not include short courses or seminars (Attach additional sheet if needed).

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Mo./Day/Year Mo./Day/Year

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Mo./Day/Year Mo./Day/Year

EMPLOYMENT

This section must be complete.

Please list all places of employment during the past six years- list present employment first (Attach additional sheet if needed). You may also attach your resume for additional information. Attachments will be considered part of the sworn statements made on this application.

Name of Company: _____

Address: _____
(Street, City, State & Zip)

Employment Dates: _____ to _____ Position: _____
Mo./Day/Year Mo./Day/Year

Please provide a detailed summary of your technical work: _____

Name of Company: _____

Address: _____
(Street, City, State & Zip)

Employment Dates: _____ to _____ Position: _____
Mo./Day/Year Mo./Day/Year

Please provide a detailed summary of your technical work: _____

Name of Company: _____

Address: _____
(Street, City, State & Zip)

Employment Dates: _____ to _____ Position: _____
Mo./Day/Year Mo./Day/Year

Please provide a detailed summary of your technical work: _____

PERSONAL HISTORY SINCE LICENSE LAST RENEWED OR IF NOT PREVIOUSLY DISCLOSED TO THE BOARD IN WRITING

Answer all the questions below; you are required to include a detailed written statement of explanation with your application for any "Yes" answers. If you answer "Yes" to a conviction; you will also need to describe any pending charges in addition to the criminal background check from your state of residence and state(s) of licensure (i.e., SLED, etc.).

- 1. Have you ever had any license to practice forestry denied, suspended, restricted, revoked, or surrendered or have you been disciplined by an occupational licensing authority in this or any other state or jurisdiction? YES NO
- 2. Have you ever been convicted, pled guilty or nolo contendere to a felony or any kind or to a non-felony crime involving drugs or moral turpitude? YES NO
- 3. Are there any unpaid judgments of debt now outstanding against you? YES NO
- 4. Have you read and understand the South Carolina Board of Registration for Foresters Statute and Regulations (SC Code of Laws, Title 48 Chapter 27, and SC Code of Regulations Chapter 53)? YES NO
- 5. Have you practiced forestry in this state after your license expired (lapsed) or while it was administratively or otherwise suspended? If yes, please explain the circumstances and extent of such practice. YES NO

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

AFFIDAVIT

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions and information provided in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalties of perjury that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial of reinstatement or for revocation of my license to practice as a forester in South Carolina.

Applicant Signature

Sworn and Subscribed before me this _____ day of _____, 20_____

Notary Signature

Notary Seal Here

Print Notary Name

Notary Public For

Commission Expiration Date

FOR BOARD USE ONLY			
<input type="checkbox"/> \$100 Reinstatement Fee	<input type="checkbox"/> \$_____ Late Fee(s)	<input type="checkbox"/> \$65 Registration Fee	<input type="checkbox"/> Registration Issued



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)