



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 RECIPROCITY

Include with your application:

- Check or money order only (no cash) in the amount of \$180 (application and licensure fee) made payable to SC Board of Registration for Foresters. (All fees are non-refundable. 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 ID or Passport
- Copy of your Social Security card
- Notarized request for examination administration (South Carolina State Specific exam)
- Notarized verification of lawful presence
- Official STATEWIDE background check from your state(s) of residence covering the past 5 years (South Carolina residents must use www.sled.sc.gov)
- Escrow/Trust Account Certification Affidavit (**Applicable only to foresters who hold monies belonging to others.**)
- Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable

Have remitting agency/institution submit the below forms directly to the Board at the above address:

- Official College/University Transcripts – Transcripts must bear the seal of the institution and the signature of the Registrar.
- Verification of Licensure form(s)
- Employment Verification form(s)
- Five (5) Professional/Personal Reference forms, at least three of whom must be registered foresters with personal or professional knowledge of your forestry experience

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Have you ever legally changed your name? Yes No Former Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(If different than above)

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Mail all correspondence to (check one): Business Home

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

RECIPROCITY/ENDORSEMENT REQUEST

List all states/jurisdictions where you have ever held a registered professional forester license. (Attach additional sheet if needed.)

a. State: _____ Registration Number: _____ Registration Status: _____ Expiration Date: _____

Registered by: Examination Grandfather Provision Reciprocity/Endorsement

b. State: _____ Registration Number: _____ Registration Status: _____ Expiration Date: _____

Registered by: Examination Grandfather Provision Reciprocity/Endorsement

- c. State: ___ Registration Number: _____ Registration Status: _____ Expiration Date: _____
 Registered by: Examination Grandfather Provision Reciprocity/Endorsement
- d. State: ___ Registration Number: _____ Registration Status: _____ Expiration Date: _____
 Registered by: Examination Grandfather Provision Reciprocity/Endorsement

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: _____
 Month/Day/Year Month/Day/Year

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
 Month/Day/Year Month/Day/Year

EMPLOYMENT

This section must be completed.

How many years of experience do you have working under a registered forester? _____

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: _____
 Month/Day/Year Month/Day/Year

Name of Company: _____

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

Employment dates: _____ to _____ Position: _____
 Month/Day/Year Month/Day/Year

Name of Company: _____

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

Employment dates: _____ to _____ Position: _____
 Month/Day/Year Month/Day/Year

PERSONAL HISTORY QUESTIONS

Answer the following questions. 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 (i.e., SLED, etc.).

1. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime of any kind? Yes No
2. Have you had a license restricted, suspended, revoked, cancelled or been placed on probation or otherwise disciplined in any jurisdiction by any other professional licensing agency? Yes No



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

REQUEST FOR EXAMINATION ADMINISTRATION

Applicant agrees that he/she may seek admission to take the South Carolina Forestry Registration exam only for the purpose of seeking registration as a forester in the State of South Carolina or for CF certification and for no other purpose. Because of the confidential nature of the exam, applicant agrees not to take any examination materials from the test site, reproduce the examination materials, or transmit examination questions or answers in any form to any other person. Applicant waives all claims against and hereby indemnifies and holds harmless the Board of Registration for Foresters of the State of South Carolina Department of Labor, Licensing and Regulation and the Society of American Foresters (SAF), its directors, officers, staff, Certification Review Board, volunteers, agents, and employers from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of SAF arising out of applicant's application for or participation in this examination, including but not limited to any claims of negligence; provided, however, that applicant does not waive any claims against or indemnify or hold harmless SAF for any intentional acts by SAF, its directors, officers, staff, Certification Review Board, volunteers, agents.

 Applicant Signature

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

 Notary Signature

 Print Notary Name

Notary Seal Here

 Notary Public for

 Commission Expiration Date

Please Return Completed Form To:

SC Dept. of Labor, Licensing and Regulation
 Board of Registration for Foresters
 110 Centerview Drive
 P.O. Box 11329
 Columbia, SC 29211-1329



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

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: _____ Mo./Day/Year To: _____ 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



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

PROFESSIONAL/PERSONAL REFERENCE

To Be Completed by Applicant:

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

Name: _____

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.)

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



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

ESCROW/TRUST ACCOUNT CERTIFICATION AFFIDAVIT

Pursuant to S.C. Code, Section 48-27-195 Registered Forester's escrow account; record keeping requirements: Any registered forester shall place, as soon as practically possible, any deposit money or other money received by him/her in a forestry transaction in a separate trust or escrow account maintained by him./her in a banking institution authorized to do business in the State, where the funds must be kept until the transaction has been consummated or otherwise terminated, at which time a full accounting must be made by the Registered Forester. Records relative to the deposit, maintenance, and withdrawal of the funds must be properly maintained and be made available to a representative of the South Carolina State Board of Registration for Foresters upon request. Complete the sections below.

This form must be properly notarized and sealed

I authorize the SC Board of Registration for Foresters or its designated representative to examine any information regarding the escrow account herein indicated.

Applicant or Licensee Signature: _____ License No.: _____
(If applicant, indicate "pending")

Account Holder's Name: _____ Account No.: _____

Bank Name: _____ Bank Phone: _____

Bank Address: _____
Street Address

_____ City _____ State _____ Zip Code

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

 Notary Signature

Notary Seal Here

 Print Notary Name

 Notary Public for

 Commission Expiration Date



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)