



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
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 (\$130 two-year registration fee and \$50 application 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 involving moral turpitude, such as fraud or deceit? 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

