



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 REQUIREMENTS AND INSTRUCTIONS – ELECTRONIC APP

Include with your application:

- Submit payment in the amount of \$180 (\$130 two-year registration fee and \$50 application fee) via credit card or electronic check. (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.)
- Upload a copy of your valid Driver's License, State-Issued ID or Passport
- Upload a copy of your Social Security card
- Upload a Notarized request for examination administration (South Carolina State Specific exam)
- Upload a notarized verification of lawful presence
- Upload 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

You can submit these pages by attaching them to the online application under the “Uploads” section, mailing them to the Board, or emailing them to contact.foresters@llr.sc.gov.

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.

NOTE: Your application is good for one (1) year from the date of receipt. If all required information is not received within this period; you must begin the application process from the beginning. This includes, but is not limited to, all fees, transcripts, license verifications, etc.

After submitting your application, allow 24 hours to post. After it has posted, you may check the status at: <https://eservice.llr.sc.gov/SSO/>



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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



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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



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)