



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: 803-896-9651  
 llr.sc.gov/for

## APPLICATION FOR REGISTRATION AS A FORESTER BY RECIPROCITY

### INSTRUCTIONS

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

- Check or Money Order only in the amount of \$180 (\$130 two-year registration fee and \$50 application fee) made payable to SC Board of Board of Registration for Foresters. **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.
- Copy of your Social Security card.
- Criminal history background check from the State Law Enforcement Division (SLED) [www.sled.sc.gov](http://www.sled.sc.gov). Non-residents must submit a criminal history background check from the applicant's resident state (State Law Enforcement Agency or equivalent).
- Escrow/Trust Account Certification Affidavit (**Applicable only to foresters who hold monies belonging to others.**)

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

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

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Gender: M  F

**CHECK ONE:** Mail all correspondence to: Employer  Home

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_  
 (Street, City, State & Zip)

Business Phone: (\_\_\_\_) \_\_\_\_\_ 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: \_\_\_\_\_  
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.

Prior to obtaining your current license, how many years of experience did 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: \_\_\_\_\_  
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**

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 and attach a 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 ever 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

**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 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 or 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

<b>FOR BOARD USE ONLY</b>		
<input type="checkbox"/> \$50 Application Fee	<input type="checkbox"/> \$130 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)