

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) | Туре: | | | |
|---|---------------------------------------|--------------------|-------|--|
| | | | | |
| | c) Registration/Certification Number: | | | |
| How long have you known the applicant? | | | | |
| What has been your professional relationship with the applicant? | | | | |
| 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 | |
| | | | | |
| Profession | al Integrity | □ Yes □ No If yes. | , why | |
| | | | | |
| Profession | al Reputation | □ 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.) \Box Yes \Box 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.)

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