

Name

Enter your Work Experience and Education sequence starting with the most recent and continue in reverse time order. (Refer to PRC §769 (b).)

WORK EXPERIENCE: Describe each qualifying work experience (Refer to 14 CCR §1621.1, §1621.2 & §1622) in sufficient detail to describe the level of your responsibility and the nature of your forestry decisions. At least seven years of forestry work experience is required. At least three of the seven years must include forestry work supervised by an RPF or a qualified, but exempt person, or having charge of forestry work. (Refer to PRC § 769 (b).)

EDUCATION: Note each period you were in college; you DO NOT need to repeat the college address, supervisor, etc., each time. If you are substituting a four-year degree for part of the seven years; (1) you cannot claim any work experience obtained during this same period in school and (2) a certified transcript must be submitted to verify eligibility. (Refer to 14 CCR §1620.3 §1621.3, and §1621.4)

Additional sheets may be used as necessary. Information provided is subject to verification (Refer to 14 CCR § 1621). Falsifying information will result in denial of application and constitutes cause for revocation of license.

Providing your supervisor's e-mail address is optional, but will facilitate the timely completion of your application to take the RPF Examination.

ENGAGEMENT #1

From (M/D/Y)	To (M/D/Y)	Employer or College Attended			
Hours per week	Total Worked (Years/Months)	Address	City	State	
Name of Supervisor		RPF #	Phone Number		
Supervisor's e-mail Address					

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

Name

ENGAGEMENT #2

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

ENGAGEMENT #3

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

Name

ENGAGEMENT #4

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

ENGAGEMENT #5

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

Name

List forestry, or related, registrations, licenses or certifications issued by any governmental regulatory body. Please include out of state registrations, licenses or certifications if applicable. Do NOT include certifications issued by any professional society or association.

Type of License	Reg. No.	Issuing Agency / State	Date issued	Remarks

List any relevant professional affiliations. (List only professional or technical organizations) You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, age, or other protected characteristic.

Name of organization	Grade of membership

List two qualified foresters who are familiar with your professional work. (Refer to 14 CCR §1620.1)

Name (include license number, if applicable)	Address	Phone number

List three responsible members of the community (NOT foresters) who can attest to your character and business integrity. (Refer to 14 CCR §1620.1)

Name	Address	Phone number

CHECK IF ADDITIONAL PAGES ARE APPENDED

The application fee of \$200.00 must be remitted with this application. The fee is non-refundable and must be submitted by check, money order, or (when available) credit card. A license fee will be required upon issuance of your license. Please make check payable to: **PROFESSIONAL FORESTERS REGISTRATION**

The cited provisions of the Professional Foresters Law and implementing regulations are publicly available, including on the Board of Forestry and Fire Protection website.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION, AND ANY APPENDED SHEETS, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE, INCOMPLETE, OR INCORRECT STATEMENTS MAY RESULT IN MY DISQUALIFICATION FROM THE EXAMINATION PROCESS. I AUTHORIZE THE EMPLOYERS AND EDUCATIONAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO RELEASE ANY INFORMATION THEY MAY HAVE CONCERNING MY EDUCATION OR EMPLOYMENT TO THE STATE OF CALIFORNIA.

Signature of Applicant: _____ Date _____

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory. Failure to provide all or any part of the requested information may result in the rejection of the application as incomplete. Except for Social Security Numbers, all information is collected pursuant to the Professional Foresters Law (Pub. Resources Code section 750 et seq.) and used to determine applicant eligibility. Providing your Social Security number is mandatory pursuant to Family Code section 17520 and used for determining compliance with any judgment or order for family support in accordance with that code section. Information provided on applications may be disclosed as permitted by the Information Practices Act of 1977 (Civil Code section 1798 et seq.), including as authorized in response to a Public Records Act request (Gov. Code section 6250 et seq.), to another government agency as required by state or federal law, or in response to a court or administrative order, a subpoena, or a search warrant. Each person has the right to review their personal information maintained by the Board unless the records are exempt from disclosure. Personal information is maintained in accordance with the Information Practices Act of 1977 by the Executive Officer of Forester Licensing, Board of Forestry and Fire Protection, P.O. Box P.O. Box 944246, Sacramento, CA 94244-2460, (916) 902-5047.