

Instructions

To pay online...

- Complete the following application and submit the form with your application fee of \$200.
- You may submit your application electronically by emailing it to Dan Stapleton at dan.stapleton@bof.ca.gov. Be sure to either sign, date and scan or electronically sign and date
- To pay online, please visit our website https://bof.fire.ca.gov/projects-and-programs/professional-foresters-registration/rpf-crm-registration-and-renewal/ and follow the instructions to pay your application fee.
- If you are substituting education for experience, you must submit your
 <u>Official transcripts</u>, which by regulation must come direct from the
 university to the Board's PO box or email inbox. No photocopies allowed.
 You may have your university submit electronic transcripts to Dan
 Stapleton at dan.stapleton@bof.ca.gov.
- If you prefer to mail in any part of your application, please send the application to the following address:

ATTN: Professional Foresters Registration
Board of Forestry and Fire Protection
PO BOX 944246
Sacramento CA 94244-2460

Please send a check or money order payable to:

Professional Foresters Registration

State of California Board of Forestry and Fire Protection Professional Foresters Registration P.O. Box 944246 Sacramento, CA 94244-2460 Telephone: (916) 653-8031

For office use only:
Received:
Applicant No:
License No:

APPLICATION FOR REGISTRATION AS A PROFESSIONAL FORESTER

THIS APPLICATION MUST BE TYPEWRITTEN

(Refer to Title 14, California Code of Regulations (14 CCR), §1620 for exceptions)

APPLICANT NAME (Last) (First)		(M.I.)	SOCIAL SECU	RITY NUMBER		
MAILING ADDRESS (Number)	ILING ADDRESS (Number) (Street)				PHONE		
(City) (County)	(State)	(Zip (Code)	-			
YOUR E-MAIL ADDRESS				HOME TELEP	HONE		
PLEASE ANSWER THE FOLLOWING C	UESTION	S: (Fully e	explain any questions	answered "ves")	-		
Have you previously applied for this		•	, , ,	,		YES	NO
Have you ever had a governmental certification denied, suspended or re						YES	NO
3. Do you need reasonable accommod examination?	ations to ta	ake a writt	ten			YES	NO
4. Have you been convicted of a felony or misdemeanor (within the past 10 years) which has resulted in imprisonment or fine exceeding \$100, regardless of if the sentence was actually imposed or stayed under probation? (such conditions will not necessarily disqualify an applicant)						YES	NO
Explanation:							
All exams will be in Shingle Springs (Sac as 1 for first choice, 2 for second and so protocols.					•	S. Eureka	Redding
COLLEGE OR UNIVERSITY: Refer to P	ublic Reso	urces Cod	de (PRC) §769(b) an	d 14 CCR §1621.4.			
Name and Location of Institution	Atten	dance To	Major	Units Qtrs. Sem.	Date of Graduation	De Red	egree ceived

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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.

rom <i>(M/D/Y)</i>	To (M/D/Y)	Employer or	College Attend	ed	
ours per week	Total Worked (Years/Months)	Address	City	State
ame of Superviso	r		RPF#	Phone Number	
upervisor's e-m	ail Address		l		
ummary of WOI anagement, etc	RK EXPERIENC c.) and date gran	E engagement ited; do not list	; if educationa courses, etc.	al, include name of degree a	and major (e.g. Bachelor of Science, Forest

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Name			

ENGAGEMENT #2					
From (M/D/Y)	To (M/D/Y)	Employer or 0	College Attended		
Hours per week	Total Worked (Y	rears/Months)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Supervisor's e-mail A	ddress		l		
•					
]	
Summary of WORk Management, etc.)	CEXPERIENCE and date grant	engagement ed; do not list	; if educational, courses, etc.	include name of degree ar	nd major (e.g. Bachelor of Science, Forest
Only if WORK EXP	ERIENCE is les	s than 40 hou	rs/week, indica	te hours:	
ENGAGEMENT #3	•				
From (M/D/Y)	To <i>(M/D/Y)</i>	Employer or (College Attended		
(, , ,	,	, ,,,			
Hours per week	Total Worked (Y	(ooro/Montho)	Address	City	State
•	Total Worked (1	ears/Months)		-	State
Name of Supervisor			RPF#	Phone Number 	
Supervisor's e-mail A	ddress				
Summary of WORK	(EXPERIENCE	engagement	if educational	l include name of degree ar	nd major (e.g. Bachelor Science, Forest
Management, etc.)	and date grant	ed; do not list	courses, etc.	morado namo or dogreo di	ia major (e.g. Daemole Golomos, r crost
					-
					-
Only if WORK EXP	ERIENCE is les	ss than 40 hou	rs/week, indica	te hours:	

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Name			

ENGAGEMENT # 4					
From (M/D/Y)	To (M/D/Y)	Employer or 0	College Attended		
Hours per week	Total Worked (\	ears/Months)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Name of Oupervisor			101 #		
Supervisor's e-mail A	ddress				
Summary of WORI	K EXPERIENCE	engagement	; if educational	, include name of degree an	d major (e.g. Bachelor of Science, Forest
Management, etc.)	and date grant	ted; do not list	courses, etc.		
					_
Only if WORK EXP	PERIENCE is les	ss than 40 hou	ırs/week, indica	ate hours:	
ENGAGEMENT "					_
From (M/D/Y)	To <i>(M/D/Y)</i>	Employer or (College Attended		
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Hours per week	Total Worked (\	(coro/Montho)	Address	City	State
Hours per week	Total Worked (1	rears/worths)	Address	City	State
Name of Supervisor			RPF#	Phone Number	
Supervisor's e-mail A	ddrooo		l		
Supervisor's e-mail A	duless				
Summary of WOPI	∕ EYDEDIENI∩E	engagement	· if educational	include name of degree an	d major (e.g. Bachelor Science, Forest
Management, etc.)				, include hame of degree an	d major (e.g. bachelor ocience, r orest
Only if WORK EXP	PERIENCE is les	ss than 40 hou	ırs/week, indica	ate hours:	

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Signature of Applicant:

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Name			

List forestry, or related, registrations, licenses or certifications if applicable association.					
Type of Reg. No. Issuing Agency / State	Date issued	Remarks			
License					
List any relevant professional affiliations. (List only pro	ofessional or technical organ	izations) You may omit those which indicate			
your race, religious creed, color, national origin ances					
Name of organization	Grade of membership				
		_			
List two qualified foresters who are familiar with your p Name (include license number, if applicable)	orofessional work. (Refer to Address	14 CCR §1620.1) Phone number and/or email address			
Name (include license number, il applicable)	Address	Filone number and/or email address			
List three responsible members of the community (NC	T foresters) who can attest	to your character and business integrity. (Refer to 14			
CCR §1620.1) Name	Address	Phone number and/or email address			
Name	Address	Filone number and/or email address			
CLIFOK IF ADDITIONAL DACES ADE ADDENDED					
CHECK IF ADDITIONAL PAGES ARE APPENDED					
The application fee of \$200.00 must be remitted with t					
money order, or credit card when available. A license payable to: PROFESSIONAL FORESTERS REGIST		suance of your license. Please make check			
payable to the lead to the term of the ter					
The cited provisions of the Professional Foresters Law and implementing regulations are publicly available, including on the					
Board of Forestry and Fire Protection website.	INFORMATION ON THIS ADI	DI ICATION AND ANY APPENDED SHEETS IS TRUE			
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					
EDUCATIONAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO RELEASE ANY INFORMATION THEY MAY HAVE CONCERNING MY EDUCATION OR EMPLOYMENT TO THE STATE OF CALIFORNIA.					

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.