



All information Requested on this Form Must be Typewritten or Printed
ARKANSAS STATE BOARD OF REGISTRATION FOR FORESTERS
 3821 W. Roosevelt Rd. – Little Rock, AR 72204

APPLICATION FOR LICENSE AS REGISTERED FORESTER

1. General Information

Date _____

Name in full _____ Social Security # _____
 Mailing Address _____ City _____ State ____ Zip ____
 Residential Address _____ City _____ State ____ Zip ____
 Present Position _____ Firm _____
 Business Address _____ City _____ State ____ Zip ____
 Telephone: Home _____ Business _____ Fax _____
 Date of Birth _____
 E-mail address _____

(Give names and addresses of five References, not relatives; at least three of whom are registered foresters having knowledge of your character and professional reputation. **Do not use Board Members as references.**)

	Name	Address	Position/Firm
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

2. Registration in other states

State Board of Registration first registered with _____
 Date of registration _____ License number _____
 Licensed by examination? Y/N ____ If not, how? _____
 Is license now in force? Y/N ____ If not, why? _____
 Has license ever been revoked? Y/N ____ If so, why? _____
 Other states in which registered _____

3. Technical and/or Professional Examinations

(Give information on examinations satisfactorily passed in connection with forestry registration, civil service, merit system, etc.)

<u>Conducted by</u>	<u>Location</u>	<u>Date</u>	<u>Rating</u>
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4. Information for applicants

All applicants must submit this form along with a \$10 application fee to the Arkansas Board of Registration for Foresters at the above address. The application fee is not refundable. The Board will schedule examination dates and notify qualifying applicants of the date and place. Upon successful completion of all requirements for becoming an Arkansas Registered Forester, the Board requires an additional fee \$30 for registration. The Board will issue a license to those applicants who meet the qualification stated in ACA §17-31-301 through 310.

5. Membership in Societies, Associations, or Institutes
(Professional or Scientific)

Name of Organization Executive Headquarters Membership Class Date Joined

6. Education

(State in chronological order the name and location of each school, college, university, or technical school attended, the time spent at each, and if graduated, the year of graduation with degree granted.)

Name and location of Institution Years (from-to) Date Graduated Major Degree

7. Professional Experience

(Applicants must fill out all columns. Use additional sheet if necessary.)

Date		Title of position held, name and address of employer, and character of each engagement. Be specific as to responsible work performed.	Supervisor or knowledgeable associate
From	To		

Indicate fields or phases of forestry in which you are most proficient, such as silviculture, finance, appraisals, mensuration, fire control, administration, reforestation, utilization, research, teaching, other (specify).

8. Code of Ethics

The applicant agrees to conform to the following rules of professional conduct:

1. The applicant will advertise only in a dignified manner, setting forth in truthful and factual statements the services he/she is prepared to render for his/her respective clients and for the public.
2. The applicant will strive for correct and increasing knowledge of forestry and dissemination of this knowledge, and will discourage and condemn the spreading of untrue, unfair, and exaggerated statements concerning forestry.
3. When serving as an expert witness on forestry matters, in a public or private fact finding proceeding, he/she will base his/her testimony on adequate knowledge of the subject matter, and render his/her opinion on his/her own honest convictions.
4. The applicant will refrain from expressing publicly an opinion on a technical subject unless he/she is informed as to the facts thereto, and will not distort or withhold data of a substantial or other nature for the purpose of substantiating a point of view.
5. The applicant will not voluntarily disclose information concerning the business affairs of his employers, principals or clients, which they desire to keep confidential, unless express permission is first obtained.
6. The applicant will not, without the full knowledge and consent of his client or employer, have an interest in any business, which may influence his judgment in regard to the work for which he is engaged.
7. The applicant will not, for the same service, accept compensation of any kind, other than from his client, principal, or employer, without full disclosure, knowledge, and consent of all parties concerned.
8. The applicant will engage, or advise his client or employer to engage, other experts and specialist in forestry and related fields whenever the client's or employer's interest would be best served by such actions, and will cooperate freely with them in their work.
9. The applicant will aid in safeguarding against the registration of persons unqualified because of lack of good moral character or of adequate training.
10. If the applicant has substantial and convincing evidence of unprofessional conduct a registered forester, he/she will present the information to the State Board of Registration for Foresters.

9. Affidavit

STATE OF _____ }
 _____ } ss.
 County of _____ }

_____, being first duly sworn, deposes and says: I, the Applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith and I hereby subscribe to the agree to conform with the Code of Ethics set forth in section 8 above.

 Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 2_____

 Signature of Notary Public

My commission expires _____

10. Record of Board

(This space for use only by the Board.)

Date application received _____ Amount paid _____ Date reviewed _____
 Date(s) examination given _____, _____, _____ Ratings _____, _____, _____
 Qualified under ACA § 17-31-302 (1) __, (2) __, (3) __, (4) __, (5) __
 Action of the Board _____ License No. _____ Date issued _____
 Endorsement of Board _____

(seal)

