



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF LICENSURE OF FORESTERS**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )		FAX # ( )	
E-MAIL			

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

<b>SIGNATURE</b>	<b>DATE</b>
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METHOD OF APPLICATION (CHECK ONE)	<h2 style="margin: 0;">Forester Initial Application</h2> <div style="border: 1px solid black; padding: 5px; margin-top: 20px; text-align: center;"> <i>Office Use Only:</i>            Lic. # _____         </div>
<input type="checkbox"/> BS degree or higher & 24 months completed as a Maine Intern Forester	
<input type="checkbox"/> AS degree & 48 months completed as a Maine Intern Forester	
<input type="checkbox"/> Education Variance & 48 months completed as a Maine Intern Forester	
<input type="checkbox"/> Licensed in another jurisdiction (where? _____). <i>You must provide a letter of certification from each jurisdiction.</i>	
<input type="checkbox"/> Professional Forestry practice in another jurisdiction. (See §5515(5))	

**ARE YOU A MAINE RESIDENT?**    YES     NO

**EDUCATION**    *All applicants EXCEPT Intern Foresters must list the names of all institutions of higher education attended, the beginning and ending dates at each institution, graduation dates, and degrees obtained (if applicable). Attach transcripts. Please refer to [www.safnet.org](http://www.safnet.org) for a list of SAF accredited forestry degree programs.*

Name of School	Dates Attended	Graduation Date	Degree Awarded	Accredited? (yes or no)

**REFERENCE**    *All applicants must complete the section below and submit a reference form (attached) to support the applicant's forestry experience. An Intern forester's reference must be from the sponsor.*

Reference or Sponsor Name	Complete mailing address and telephone number	License Number

Department of Professional and Financial Regulation  
**BOARD OF LICENSURE OF FORESTERS**

**RECOMMENDATION/REFERENCE**

Applicant Name: \_\_\_\_\_ Reference Name: \_\_\_\_\_

Applicant is applying for a Forester license based on one of the following (**Please check one**):

- Completed ME internship
- Licensed in another jurisdiction
- Professional Forestry Practice in another jurisdiction

If applicant is applying based on completion of a Maine internship, are you the sponsor?  Yes  No

In your capacity as a reference, are you acting as a \_\_\_ Forester \_\_\_ non-forester?

How long have you known this individual? \_\_\_\_\_ years

Please describe your working relationship with the applicant:

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Please provide any items of information relevant to the applicant's practice of forestry:

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Do you believe this individual should be licensed as a Forester in Maine?  Yes  No

**Please elaborate:** \_\_\_\_\_

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## Reference (page 2)

The licensing rules stipulate an applicant must demonstrate substantial experience or education in each of the categories listed below. **Please evaluate the applicant's experience in each of these areas, using as many sheets of paper as needed.**

**Forest Biology** - including but not limited to tree growth, species identification, forest ecology, wildlife and fish ecology and habitat manipulation, tree disease and insect problems, silviculture, soils and water relationships, and fire ecology.

**Forest Resources Measurement** – including but not limited to basic surveying, area determination, sample design and analysis, measurements of trees and forest products, and photo interpretation and mapping.

**Forest Resource Management and Harvesting** – including but not limited to multiple-use principles, road design and construction, harvest layout, harvesting methods, environmental protection, marketing and utilization standards, stand analysis and prescriptions, forest and wildlife habitat management, recreation management, urban forestry, fire, insect and disease protection and financial management.

**Forest Resource Policy and Administration** – including but not limited to state environmental and forest practice laws, boundary and trespass laws, contract and sale administration, forest taxation and forest economics.

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Reference Signature

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License #

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Date

# Board of Licensure of Foresters - Forester Initial Application

Applicant Name: \_\_\_\_\_

## Forestry Experience

*All Applicants must give full information on forestry-related experience and employment based on the Method of Application from page 1. METHOD REQUIREMENTS:*

*Applicant with BS degree: 24 months sponsored experience*

*Applicant with AS degree or education variance: 48 months sponsored experience*

*Applicant from other jurisdictions: complete history.*

*Each of the four subject areas must be represented in the intern forester's work experience during the internship (See Board Rules, Chapter 70, Section 2).*

*For each employer, state the dates of employment, total months employed, location, work responsibilities, and percentage of time devoted to professional forestry activity. Please be thorough and specific in describing your work responsibilities.*

*Attach additional sheets if necessary.*

## Internship Experience

**Experience Type:**  
(Check One)

- Intern Forester Experience  
 Licensed Experience in another state  
 Professional Forestry Practice

Dates of Employment	Total Months	Position & Location	Employer and Supervisor/Sponsor	Work Responsibilities and percent of time devoted to professional forestry activities
EXAMPLE				
01/01/2015 - 03/01/2016	14	<i>Forester Augusta, ME</i>	<i>State of Maine Jane Jones</i>	<i>Timber Cruising (45%), Writing Management Plans (15%), Harvest Plan Layout (25%), Administration (15%). See attached sheet for more details.</i>

## Experience as a Maine Registered Unlicensed Person (for Intern Foresters only — if applicable)

Dates of Employment	Total Months	Location	Employer and Supervisor/Sponsor	Work Responsibilities and percent of time devoted to forestry activities
EXAMPLE				
01/01/2015 - 03/01/2016	14	<i>Augusta, ME</i>	<i>State of Maine Jane Jones</i>	<i>Timber Cruising (45%), Writing Management Plans (15%), Harvest Plan Layout (25%), Administration (15%). See attached sheet for more details.</i>

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8521 TTY users call Maine Relay 711 Fax: (207) 624-8637 [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.
- **How do I get a wood scaling license?** Contact the Department of Agriculture, Division of Plant Industry at (207—287-3891)

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

#### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the disciplinary action disclosure question
- Sign and date your application
- Include any required transcripts or exam results
- Include reference forms
- Make a copy of your application to keep for your record



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FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
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MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	E-MAIL		
<b>DISCIPLINARY ACTION DISCLOSURE</b>			
<i>NOTE: Failure to disclose disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i>			
<b>Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>			
		<b>NO</b>	<b>YES</b>
If yes, enclose a detailed explanation and copies of all documents.			
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
<b>SIGNATURE</b>	<b>DATE</b>		

<b>Forester License Application</b>	
Required Fee: \$91.00 (includes criminal records check fee)	
<p align="center"><b>NOTICE TO APPLICANT:</b></p> <ol style="list-style-type: none"> <li>Do not submit this application (and fee) until you are notified by the board.</li> <li>You must include the exam score report from SAF with this application.</li> <li>Please indicate your license number here: LF_____. (Your license number can be found on our website at <a href="http://www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>)</li> </ol>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p align="center"><b>Office Use Only:</b></p> <p>LF1421 - \$70.00 2619 - \$21.00</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p align="center"><i>Office Use Only:</i></p> <p>Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____</p> </div>

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$_____	
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		