



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

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	
CRIMINAL BACKGROUND DISCLOSURE			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. Have you ever been convicted by any court of any crime? (circle one) NO YES			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES			
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 Licensing and Registration 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.			
SIGNATURE		DATE	

Maine Board of Licensure of Foresters - Intern Forester Application
Required Application Fee: \$121.00 See instructions on Page 5

METHOD OF APPLICATION (CHECK ONE) <i>(for information regarding application methods, See 32 M.R.S.A. §5514(2), Rules Chapter 40, Sections 1-3, and Rules Chapter 50)</i>	
<input type="checkbox"/>	AS degree from an approved curriculum in Forestry or Forest Technology
<input type="checkbox"/>	BS degree from an approved curriculum in Forestry
<input type="checkbox"/>	MS Degree from an approved curriculum in Forestry
<input type="checkbox"/>	Degree from a non-approved educational program
<input type="checkbox"/>	Variance - <i>include supplemental forestry education page(s), resume, and letters of recommendation.</i>

Office Use Only:
F11421 - \$70.00 1446 - \$30.00 2619 - \$21.00

<i>Office Use Only:</i>
Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

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 Licensing and Registration to charge my			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	the following amount: \$ _____	
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

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Applicant Name: _____

ARE YOU A MAINE RESIDENT? IF SO, YOU MAY SKIP THIS SECTION.

IF YOU ARE NOT A MAINE RESIDENT, YOU MUST FILL OUT THE INFORMATION BELOW:

LEGAL RESIDENCE: *CITY AND STATE*

WHEREAS I have made application for a non-resident license to practice forestry in the State of Maine in accordance with the provisions of 32 M.R.S.A., Chapter 76; and

WHEREAS, pursuant to 32 M.R.S.A. §5516 it is necessary for a non-resident license applicant to file an irrevocable consent to service agreement with the Director of the Office of Licensing & Registration within the Department of Professional and Financial Regulation;

NOW, THEREFORE, I hereby execute and file with the Director of the Office of Licensing & Registration this irrevocable consent that actions may be commenced against me in the proper court of any county in the State of Maine in which a cause of action may arise or in which the Plaintiff may reside, by the service of any process or pleadings authorized by the laws of the State of Maine on the Director of the Office of Licensing & Registration. Furthermore, it is hereby stipulated and agreed that service of the process or pleading on the Director shall be taken and held in all courts as valid and binding as if due service had been made upon me personally within the State of Maine.

IN WITNESS WHEREOF I have hereunto signed by name.

Applicant Signature

Date

EDUCATION *All applicants 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 original official transcripts; photocopies will NOT be accepted. Please refer to www.safnet.org for a list of approved forestry degree programs.*

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

REFERENCE STATEMENT: *I, the undersigned, serving as reference to the applicant's good character to work as an intern forester, hereby swear that I am not related to the applicant. I also attest that the applicant is trustworthy and competent to conduct forestry practices in a manner that safeguards the interests of the public and recommend that the type of license for which the application is made be granted.*

REFERENCE #1 - SPONSOR - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
License Number:			
Street or PO Box			
City		State & zip	
Phone number		Email address	
Signature		Date	

REFERENCE #2 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City		State & zip	
Phone number		Email address	
Signature		Date	

REFERENCE #3 - FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Street or PO Box			
City		State & zip	
Phone number		Email address	
Signature		Date	

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Keep this page for your records

RESPONSIBILITIES OF INTERN FORESTERS (see Rules Chapter 60, Section 1)

Nature of Work Experience - During an internship the intern forester shall acquire experience in the following four subject areas that constitute the profession of forestry. Each of the four subject areas must ordinarily account for no less than 10% of the intern forester's work experience during the internship. However, the Board may specify percentages of work experience to be earned in the four subject areas based on the intern's prior work experience and any supplemental forestry education.

- 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.

Full-time equivalency - The forestry internship is expected to be a full-time experience. Part-time experience is acceptable, but must accumulate to the full-time equivalent of the 48-month or 24-month internship required by 32 MRSA §5515(3)(A) or (B), as the case may be.

Log - The intern forester shall maintain a log during the course of the internship. The log shall record the dates, employer, location, duties and subject area with respect to each assignment performed by the intern forester. The intern forester shall produce the log to the Board for inspection at any time. **NOTE: DO NOT SEND THE LOG WITH THIS APPLICATION.**

RESPONSIBILITIES OF SPONSORS (see Rules Chapter 60, Section 2)

Guidance - All forestry work performed by an intern forester must be performed under the guidance of a forester who has agreed to sponsor the intern forester. Such guidance need not be day-to-day, direct personal supervision. However, the sponsor must have sufficiently detailed, current knowledge of the intern forester's work to enable the sponsor to:

- Adequately evaluate the intern forester's performance on an ongoing basis; and
- Submit the reference at the conclusion of the internship required by 32 MRSA §5515(4).

Report to board - The sponsor need not ordinarily report to the Board prior to the completion of the internship. However, the sponsor shall report to the Board on the progress and performance of the forestry intern if, at any time prior to completion of the internship—

- In the opinion of the sponsor, the quality of the intern forester's work or any other factor may, if not corrected, prevent the sponsor from submitting a favorable recommendation to the Board upon the conclusion of the internship;
- The intern forester changes sponsors, has a change in internship status or terminates the internship; or
- The sponsor resigns as sponsor.

Replacement sponsor - If a forester ceases to serve as sponsor without arranging for a replacement, an intern forester working under the guidance of that forester must arrange for a replacement within 30 days of the sponsor's resignation or unavailability. No work performed by an intern forester after 30 days following the resignation or unavailability of the sponsor will be recognized as part of the internship unless and until a replacement sponsor is obtained. The intern must immediately notify the board of the name and address of the replacement sponsor.

Notwithstanding anything in this subsection to the contrary, the intern forester may not endorse plans, maps and reports unless the document has been actually reviewed by the sponsor of the intern forester prior to endorsement.

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. 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.

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 Licensing and Registration 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 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). 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 criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.