



STATE OF MAINE
BOARD OF LICENSURE OF FORESTERS
35 State House Station, Augusta ME 04333-0035
Office Phone (207) 624-8521 TTY users call Maine Relay 711 FAX (207) 624-8637

REGISTRATION OF UNLICENSED PERSON

SUPERVISOR INFORMATION (Maine Forester)

NAME: _____ LICENSE NUMBER: LF _____

TELEPHONE: _____ EMAIL: _____

By submitting this registration, I understand that I am obligated to direct and supervise the forestry activities of the registrant(s) identified herein. I also understand that I am responsible for all activities of a registrant relating to the practice of forestry that arise from or are related to the employment, particular project, assignment, contract or subcontract recorded on this registration, whether or not such activities are authorized by the employer, owner or contractor.

SIGNATURE OF SUPERVISING FORESTER

DATE

REGISTRANT INFORMATION

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

EMPLOYER: SUPERVISOR SUPERVISOR'S EMPLOYER

OTHER (NAME AND ADDRESS) _____

IS THE REGISTRANT A REGULAR EMPLOYEE OF THE EMPLOYER DESIGNATED ABOVE? YES NO
IF NO, PLEASE SUPPLY THE FOLLOWING ADDITIONAL INFORMATION FOR THIS REGISTRANT:

GEOGRAPHIC AREA(S) OF EMPLOYMENT: _____

DESCRIPTION OF ANTICIPATED ACTIVITIES: _____

PARTICULAR PROJECT, ASSIGNMENT, CONTRACT OR SUBCONTRACT THE REGISTRANT WILL BE WORKING UNDER: _____

ANTICIPATED WORK HOURS: _____ ANTICIPATED DURATION OF EMPLOYMENT: _____