



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Registration for Foresters

110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC • 29211
Phone: 803-896-4800 • contact.foresters@llr.sc.gov
www.llr.sc.gov/for

APPLICATION FOR REGISTRATION AS A FORESTER BY EXAMINATION

Include with your application:

- Check or money order only (no cash) in the amount of \$180 (application and licensure fee) made payable to SC Board of Registration for Foresters. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
• Copy of your valid Driver’s License, State-Issued ID or Passport
• Copy of your Social Security card
• Notarized verification of lawful presence
• Official STATEWIDE background check from your state(s) of residence covering the past 5 years (South Carolina residents must use www.sled.sc.gov)
• SAF Exam Request Form
• Escrow/Trust Account Certification Affidavit (Applicable only to foresters who hold monies belonging to others.)
• Legal documentation for name change (marriage cert., divorce decree, court order, etc.), if applicable

Have remitting agency/institution submit the below forms directly to the Board at the above address:

- Official College/University Transcripts – Transcripts must bear the seal of the institution and the signature of the Registrar.
• Employment Verification form(s)
• Five (5) Professional/Personal Reference forms, at least three of whom must be registered foresters with personal or professional knowledge of your forestry experience

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Have you ever legally changed your name? Yes No Former Name: _____
If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Mail all correspondence to (check one): Business Home

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

PRIOR RESIDENCES

List all places of residence during the last five years. (Attach additional sheet, if needed)

Table with 3 columns: ADDRESS, From (mo/yr), To (mo/yr). Three empty rows for data entry.

EDUCATION

Include, in chronological order, attendance at each college or university beyond high school. Do not include short courses or seminars. (Attach additional sheet if needed.)

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Month/Day/Year Month/Day/Year

Name and Location of Institution: _____

Attendance _____ to _____ Degree Received: _____
Month/Day/Year Month/Day/Year

EMPLOYMENT

This section must be completed.

How many years of experience do you have working under a registered forester? _____

Please list all places of employment during the past six years—list present employment first. (Attach additional sheet if needed.) You may also attach your resume for additional information. Attachments will be considered part of the sworn statements made on this application.

Name of Company: _____

Address: _____
(Street, City, State, Zip)

Employment dates: _____ to _____ Position: _____
Month/Day/Year Month/Day/Year

Name of Company: _____

Address: _____
(Street, City, State, Zip)

Employment dates: _____ to _____ Position: _____
Month/Day/Year Month/Day/Year

Name of Company: _____

Address: _____
(Street, City, State, Zip)

Employment dates: _____ to _____ Position: _____
Month/Day/Year Month/Day/Year

PERSONAL HISTORY QUESTIONS

Answer the following questions. You are required to include a detailed written statement of explanation with your application for any “Yes” answers. If you answer “Yes” to a conviction, you will also need to describe any pending charges in addition to the criminal background check from your state of residence (i.e., SLED, etc.).

- 1. Have you ever been convicted of or pled guilty or nolo contendere to a felony of any kind or to a non-felony crime of any kind? Yes No
- 2. Have you had a license restricted, suspended, revoked, cancelled or been placed on probation or otherwise disciplined in any jurisdiction by any other professional licensing agency? Yes No
- 3. Have you surrendered or allowed a license to lapse in any jurisdiction due to pending or threatened disciplinary action? Yes No

ATTESTATION AND SIGNATURE

I, _____, am the person described and identified, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of this license in South Carolina.

Signature of Applicant

Date

Sworn and subscribed before me this ____ day of _____, 20_____.

Notary Signature: _____ (SEAL)

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.