



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](mailto:contact.foresters@llr.sc.gov)  
[www.llr.sc.gov/for](http://www.llr.sc.gov/for)

**APPLICATION FOR REGISTRATION AS A FORESTER BY RECIPROCITY**

**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 request for examination administration (South Carolina State Specific exam)
- 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](http://www.sled.sc.gov))
- 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.
- Verification of Licensure form(s)
- 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: \_\_\_\_\_

**RECIPROCITY/ENDORSEMENT REQUEST**

List all states/jurisdictions where you have ever held a registered professional forester license. (Attach additional sheet if needed.)

a. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registered by:  Examination  Grandfather Provision  Reciprocity/Endorsement

b. State: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registered by:  Examination  Grandfather Provision  Reciprocity/Endorsement

- c. State: \_\_\_ Registration Number: \_\_\_\_\_ Registration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Registered by:  Examination  Grandfather Provision  Reciprocity/Endorsement
- d. State: \_\_\_ Registration Number: \_\_\_\_\_ Registration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Registered by:  Examination  Grandfather Provision  Reciprocity/Endorsement

**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





STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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 • Fax: 803-896-9651  
llr.sc.gov/for

## EMPLOYMENT VERIFICATION

### To be completed by Applicant:

Name: \_\_\_\_\_ Social Security (*Last Four*): XXX-XX- \_\_\_\_\_

---

### To Be Completed by Respondent:

Name of Firm: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_ City State Zip

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Internet Address: \_\_\_\_\_

Immediate Supervisor of Applicant: \_\_\_\_\_

Title of Immediate Supervisor: \_\_\_\_\_

Registration/License Number of Supervisor: \_\_\_\_\_

Job Title(s) of Applicant: \_\_\_\_\_  
(Attach separate sheet if additional space is needed)

Describe type of work performed in the following: (Attach additional sheets as needed to adequately describe the categories)

a. Silviculture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Economics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Protection: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e. Utilization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Mensuration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- g. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In your judgment would the applicant be suitable for registration based on:

Technical Competence –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Professional Integrity –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Professional Reputation –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Personal Integrity –  Yes  No If yes, why \_\_\_\_\_  
 \_\_\_\_\_

Principal Business of Firm: \_\_\_\_\_

Average Hours Worked Per Week: \_\_\_\_\_

Total Years Worked: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ Mo./Day/Year To: \_\_\_\_\_ Mo./Day/Year

\_\_\_\_\_  
 Print Name of Respondent

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature of Respondent

\_\_\_\_\_  
 Date

Telephone: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO:** South Carolina Department of Labor, Licensing and Regulation  
 Board of Registration for Foresters  
 PO Box 11329  
 Columbia, SC 29211-1329



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 • Fax: 803-896-9651  
 llr.sc.gov/for

## PROFESSIONAL/PERSONAL REFERENCE

**To Be Completed by Applicant:**

You must have five professional references, of which three must be Registered Foresters.

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

**To Be Completed by Respondent:**

The above named applicant has applied for registration as a forester in South Carolina under the provisions of Title 48 of the 1976 Code. The South Carolina Department of Labor, Licensing and Regulation Board of Registration for Foresters requires letters of reference to satisfy the Board as to the character, integrity and competence of the applicant.

Your Profession: \_\_\_\_\_

Number of years of experience: \_\_\_\_\_

Your professional registration/certification:

- a) Type: \_\_\_\_\_
- b) State: \_\_\_\_\_
- c) Registration/Certification Number: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What has been your professional relationship with the applicant?

- Employer     
  Supervisor     
  Co-worker     
  Other \_\_\_\_\_

Description of the kind of work performed by applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In your judgment would the applicant be suitable for registration based on:

Technical Competence       Yes     No    If yes, why \_\_\_\_\_

Professional Integrity       Yes     No    If yes, why \_\_\_\_\_

Professional Reputation       Yes     No    If yes, why \_\_\_\_\_



Personal Integrity  Yes  No If yes, why \_\_\_\_\_

Do you know of any instances where the applicant was guilty of illegal conduct or professional misconduct? (If yes, please explain on a separate sheet.)  Yes  No

Would you entrust the applicant with activities involving life, property, health and welfare of the public? (If no, please explain on a separate sheet.)  Yes  No

Please include additional information and comments which would amplify or clarify the items above. (Attach additional sheets if necessary.)

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Print Name of Respondent

\_\_\_\_\_  
Respondent Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

**PLEASE SUBMIT THIS FORM TO:** South Carolina Department of Labor, Licensing and Regulation  
Board of Registration for Foresters  
PO Box 11329  
Columbia, SC 29211-1329



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 • Fax: 803-896-9651  
 llr.sc.gov/for

## ESCROW/TRUST ACCOUNT CERTIFICATION AFFIDAVIT

Pursuant to S.C. Code, Section 48-27-195 Registered Forester's escrow account; record keeping requirements: Any registered forester shall place, as soon as practically possible, any deposit money or other money received by him/her in a forestry transaction in a separate trust or escrow account maintained by him./her in a banking institution authorized to do business in the State, where the funds must be kept until the transaction has been consummated or otherwise terminated, at which time a full accounting must be made by the Registered Forester. Records relative to the deposit, maintenance, and withdrawal of the funds must be properly maintained and be made available to a representative of the South Carolina State Board of Registration for Foresters upon request. Complete the sections below.

This form must be properly notarized and sealed

I authorize the SC Board of Registration for Foresters or its designated representative to examine any information regarding the escrow account herein indicated.

---

Applicant or Licensee Signature: \_\_\_\_\_ License No.: \_\_\_\_\_  
(If applicant, indicate "pending")

Account Holder's Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

---

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Signature

Notary Seal Here

\_\_\_\_\_  
 Print Notary Name

\_\_\_\_\_  
 Notary Public for

\_\_\_\_\_  
 Commission Expiration Date