



**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>	

**Forester Initial Application  
Required Application Fee: \$30.00**

**Office Use Only:**  
LF1446 - \$30.00

METHOD OF APPLICATION (CHECK ONE)	
	BS degree or higher & 24 months completed as a Maine Intern Forester
	AS degree & 48 months completed as a Maine Intern Forester
	Education Variance & 48 months completed as a Maine Intern Forester
	Licensed in another jurisdiction (where? _____). <i>You must provide an original letter of certification from that jurisdiction.</i> Does state or jurisdiction have a reciprocal agreement with Maine? _____
	Professional Forestry practice in another jurisdiction. (See §5515(5))

*Office Use Only:*

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 Professional and Occupational Regulation 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>
<b>SIGNATURE</b>		<b>DATE</b>	

# Board of Licensure of Foresters - Forester Initial Application

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

<b>ARE YOU A MAINE RESIDENT?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES
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**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 original official transcripts; photocopies will NOT be accepted. Please refer to [www.safnet.org](http://www.safnet.org) for a list of approved forestry degree programs.*

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

**REFERENCES**    *All applicants must submit the names and complete addresses of the three forester references who are completing references forms (attached) to support the applicant's forestry experience. Intern forester applicants: one of the references must be your sponsor.*

**Name of Sponsor (intern forester applicants only):** \_\_\_\_\_

Reference Name	Complete mailing address and telephone number	License Number

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

**REFERENCE #1**

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?

Please describe your working relationship with the applicant:

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Do you have personal knowledge of this individual's experience?  Yes  No

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

Under what circumstances?  Professionally  Client Relationship  Other

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

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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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Please assess the applicant's character and ethical conduct: \_\_\_\_\_

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Please provide any other items of information relevant to the practice of forestry: \_\_\_\_\_

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## Reference #1 (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

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

**REFERENCE #2**

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?

Please describe your working relationship with the applicant:

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Do you have personal knowledge of this individual's experience?  Yes  No

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

Under what circumstances?  Professionally  Client Relationship  Other

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

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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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Please assess the applicant's character and ethical conduct: \_\_\_\_\_

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Please provide any other items of information relevant to the practice of forestry: \_\_\_\_\_

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## Reference #2 (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

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

**REFERENCE #3**

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?

Please describe your working relationship with the applicant:

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Do you have personal knowledge of this individual's experience?  Yes  No

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

Under what circumstances?  Professionally  Client Relationship  Other

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

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

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

Please assess the applicant's character and ethical conduct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any other items of information relevant to the practice of forestry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Reference #3 (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.

\_\_\_\_\_  
Reference Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date



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 (§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
- Include reference forms
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



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BOARD OF LICENSURE OF FORESTERS**

<b>APPLICANT INFORMATION</b> (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	
<b>CRIMINAL BACKGROUND DISCLOSURE</b>			
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>			
1. <b>Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b>			
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.			
2. <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)	
<b>Submit this page only after you pass the SAF exam.</b>	
<b>Notice to applicant</b>	
You must include your original exam score report from SAF with this application.	
Please indicate your license number here: LF _____. <i>(Your license number is on the letter you received from the board, and can be found on our website at <a href="http://www.maine.gov/professionallicensing">www.maine.gov/professionallicensing</a>)</i>	
<b>Office Use Only:</b>	
LF1421 - \$70.00 2619 - \$21.00	
<i>Office Use Only:</i>	
Check # _____	
Amount: _____	
Cash # _____	
Lic. # _____	
Issue Date _____	
Exp. Date _____	

<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: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>		<b>DATE</b>	