

Name

ENGAGEMENT #2

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

ENGAGEMENT #3

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

Name

ENGAGEMENT #4

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor of Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

ENGAGEMENT #5

From (M/D/Y)	To (M/D/Y)	Employer or College Attended		
Hours per week	Total Worked (Years/Months)	Address	City	State
Name of Supervisor		RPF #	Phone Number	
Supervisor's e-mail Address				

Summary of WORK EXPERIENCE engagement; if educational, include name of degree and major (e.g. Bachelor Science, Forest Management, etc.) and date granted; do not list courses, etc.

Only if WORK EXPERIENCE is less than 40 hours/week, indicate hours: _____

Name

List forestry, or related, registrations, licenses or certifications issued by any governmental regulatory body. Please include out of state registrations, licenses or certifications if applicable. Do NOT include certifications issued by any professional society or association.

Type of License	Reg. No.	Issuing Agency / State	Date issued	Remarks

List any professional affiliations. (List only professional or technical organizations) You may omit those which indicate your race, religious creed, color, national origin ancestry, sex or age.

Name of organization	Grade of membership

List two qualified foresters who are familiar with your professional work. (Refer to 14 CCR §1620.1)

Name (include license number, if applicable)	Address	Phone number

List three responsible members of the community (NOT foresters) who can attest to your character and business integrity. (Refer to 14 CCR §1620.1)

Name	Address	Phone number

CHECK IF ADDITIONAL PAGES ARE APPENDED

The application fee of \$200.00 must be remitted with this application. A license fee will be required upon issuance of your license. Please make check payable to: **PROFESSIONAL FORESTERS REGISTRATION**

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS APPLICATION, AND ANY APPENDED SHEETS, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY FALSE, INCOMPLETE, OR INCORRECT STATEMENTS MAY RESULT IN MY DISQUALIFICATION FROM THE EXAMINATION PROCESS. I AUTHORIZE THE EMPLOYERS AND EDUCATIONAL INSTITUTIONS IDENTIFIED ON THIS APPLICATION TO RELEASE ANY INFORMATION THEY MAY HAVE CONCERNING MY EDUCATION OR EMPLOYMENT TO THE STATE OF CALIFORNIA.

Signature of Applicant:	Date
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