



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

REINSTATEMENT APPLICATION FOR LICENSURE AS A FORESTER

\$408.00 Reinstatement fee

Check Payable to "Treasurer, State of NH" (Non-Refundable Fee)

1. General information

Name _____

Last

First

Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____

Business Name & Position _____

Business Address _____

Indicate mailing address by check box

Business Phone _____ Home Phone _____

Email: _____ Date of Birth _____

License Number: _____

2. General Information Questions

CHECK ONE:

YES NO

a. Have you ever been convicted of any felony or any misdemeanor, or a violation associated with forestry or the practice of forestry including timber harvesting and incidental pursuant to RSA 310-A:98, IV? If so, name the court, the details of the offense and the date of conviction and the sentence imposed.

b. Have you ever lost or been denied registration/licensure as a forester or been disciplined by this board or another forester licensing board in any other state? if so, provide an explanation of the circumstances

If the answer is yes to any of the above questions, submit a written explanation with your application

3. References of Character and Qualifications

Applicant will give the names, complete addresses, occupation and business relationship with applicant of 3 references from foresters as defined by RSA 310-A:99, I.

Name	Address including zip code	Occupation	Business Relationship to applicant

4. NH BOARD OF FORESTERS CONTINUING EDUCATION ACTIVITY LOG

Complete the continuing professional development activity log and include it with your completed renewal form, proof of attendance must be submitted with your renewal per Administrative Rule For. 403.03 (3). Incomplete activity logs or missing proof of attendance will result in return of your reinstatement application and delay in processing of the reinstatement of your license. **Add additional log sheets if necessary.**

<u>LICENSE EXPIRATION DATE</u>		NAME:
From:	To: PRESENT	LICENSE NO:

Include additional pages if necessary

5. Affidavits

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules For 500; and

CONTINUING PROFESSIONAL DEVELOPMENT

I attest that the information contained in this form and the attached continuing professional development activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 20 hours of approved continuing education courses required by For 403.01 (a). I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE _____

DATE _____

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name? _____
(To be typewritten or printed)
2. What is your Address? _____
3. What is your present business or profession? _____
4. RSA 310-A:99 I. "Forester" means a person who practices forestry.
5. RSA 310-A:99 II. "Forestry" means the science of silviculture and the practice and art of managing and using for human benefit forestlands and the natural resources that occur in association with forestlands, including trees, other plants, animals, soil, water, and related air and climate.
6. Are you a Forester as defined above? ___Yes ___No
7. Are you a licensed Forester? ___Yes ___No If yes, in what State? _____
8. How long have you known the applicant? Years: _____ Months: _____
9. Are you in any way related to the applicant? ___Yes ___No
10. Are you connected with the applicant's place of employment? ___Yes ___No
11. What has been your association with the applicant? _____
12. Do you know anything reflecting adversely on the integrity or general good character of the applicant? _____

13. Please describe in detail the applicant's skills as a forester: _____

14. Would you employ the applicant in a position of trust? ___Yes ___No
15. Remarks concerning the applicant _____
16. I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Forester.
17. Date _____ Written Signature _____