





## 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** \_\_\_\_\_

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC – Technical Division  
121 SOUTH FRUIT STREET, Suite 201  
CONCORD, N.H. 03301

*Find us on the on-line at [www.oplc.nh.gov/foresters/index.htm](http://www.oplc.nh.gov/foresters/index.htm)*

rev. 10/16

STATE OF NEW HAMPSHIRE  
BOARD OF LICENSURE  
FOR FORESTERS  
121 South Fruit Street, Suite 201  
Concord, NH 03301

Dear Reference:

An individual has applied to this board for reinstatement of licensure in the State of New Hampshire as a Forester and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board would appreciate your sending the information requested on the reference form on the following page, and assure you that such information as you give will be treated in the strictest confidence. You may attach additional pages as needed.

This Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a professional forester before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed as part of the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making its decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot reinstate the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for reinstatement. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,



Christine Horne  
Administrative Supervisor

Re: Application of \_\_\_\_\_

(NAME IS REQUIRED)

**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 \_\_\_\_\_  
(street and number) (city or town)
3. What is your present business or profession? \_\_\_\_\_

RSA 310-A:99 I. "Forester" means a person who practices forestry.

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.

4. Are you a forester as defined above? \_\_\_\_\_
5. Are you a licensed forester? \_\_\_\_\_ In what State? \_\_\_\_\_ License# \_\_\_\_\_
6. How long have you known the applicant? From \_\_\_\_\_ To \_\_\_\_\_
7. Are you in any way related to the applicant? \_\_\_\_\_
8. Are you connected with the applicant's current place of employment? \_\_\_\_\_
9. What has been your association with the applicant? \_\_\_\_\_
10. Do you know anything reflecting adversely on the integrity or general good character of the applicant?  
\_\_\_\_\_
11. Please describe in detail the applicant's skills as a forester. \_\_\_\_\_  
\_\_\_\_\_
12. Would you employ the applicant in a position of trust? \_\_\_\_\_
13. Remarks concerning the applicant \_\_\_\_\_  
\_\_\_\_\_

I make the above statements with full knowledge that the person referred to is making application for licensure by the State of New Hampshire as a Forester and after having carefully read the information given on the reverse side of this.

Date \_\_\_\_\_

Written Signature \_\_\_\_\_

**Credit Card Sheets are not accepted via e-mail.**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

Fax: 603-271-7928

**This page will be destroyed after the transaction has taken place.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			