

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF TECHNICAL PROFESSIONS

121 South Fruit Street, Suite 201  
Concord, N.H. 03301-2412

Telephone 603-271-2219 · Fax 603-271-7928

PETER DANLES  
Executive Director

JOSEPH SHOEMAKER  
Division Director



**FORESTER RENEWAL FORM**

**Part I. LICENSEE INFORMATION**

LICENSE EXPIRATION DATE \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_  
 NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 BUSINESS NAME & ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 Indicate mailing address by check box EMAIL ADDRESS \_\_\_\_\_

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Pro-rated fee	Located on the postcard that you received with your last pocket card. Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" <b>OR</b> use the enclosed credit card sheet
<input type="checkbox"/> Renewal Fee \$120.00	Normal Fee for licensee's Renewal	
<input type="checkbox"/> Late fee \$24.00 per month	Include \$24.00 per month or fraction of a month the renewal is late.	

PART III. QUESTIONS	Include an explanation if "yes"	YES	NO
1. Have there been any legal judgments decided against you or your firm regarding your services as a forester?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any disciplinary action brought against you by any Board or Jurisdiction?		<input type="checkbox"/>	<input type="checkbox"/>

**PART IV. CERTIFICATION**

**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 EDUCATION**

I attest that the information contained in this form and the attached continuing education activity log is true and correct to the best of my knowledge and belief and complies with the amount specified by the joint board of continuing education courses required by Fors 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 \_\_\_\_\_

Find us on-line at <http://www.oplc.nh.gov/forester/index.htm>

Rev. 10/16



**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 :			