



**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 # () | E-MAIL | | |
| DISCIPLINARY ACTION DISCLOSURE | | | |
| <i>NOTE: Failure to disciplinary action may result in denial, fines, suspension and/or revocation of a license.</i> | | | |
| Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES | | | |
| 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. | | | |
| SIGNATURE | | DATE | |

| | | |
|---|---|--|
| <h2 style="margin: 0;">Intern Forester Application</h2> <h3 style="margin: 0;">Required Application Fee: \$91.00</h3> | | Office Use Only: F11421 - \$70.00 2619 - \$21.00 |
| METHOD OF APPLICATION (CHECK ONE) <i>(for information regarding application methods, See 32 M.R.S.A. §5514(2), Rules Chapter 40, Sections 1-4)</i> | | |
| | AS degree from an SAF accredited program in Forestry or Forest Technology | <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____ Issue Date _____ Exp. Date _____ |
| | BS degree from an SAF accredited program in Forestry | |
| | MS Degree from an SAF accredited program in Forestry | |
| | Degree from a non-accredited educational program | |
| | Variance - <i>include supplemental forestry education page(s), resume, and letters of recommendation.</i> | |

| | | | |
|--|----------------------------|-----------------------|------------------|
| 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 VISA MASTERCARD the following amount: \$ _____ I understand that fees are non-refundable | | | |
| Card number: | <i>XXXX-XXXX-XXXX-XXXX</i> | Expiration Date | <i>mm / yyyy</i> |
| SIGNATURE | | DATE | |

Board of Licensure of Foresters - Intern Forester Application

Applicant Name: _____

ARE YOU A MAINE RESIDENT? NO YES

EDUCATION *All applicants 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 for a list of accredited forestry degree programs.*

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

SPONSOR *Provide information on Forester proposed to serve as your sponsor:*

Name: _____ License Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SOCIETY OF AMERICAN FORESTERS (SAF) STATEMENT

As a preliminary requirement of taking the Society of American Foresters (SAF) exam, please read the following statement, sign and date as acknowledgement that you agree to the statement and return this completed form to the Board.

Remember to make a copy for yourself.

“Applicant agrees that the applicant may seek admission to take the Maine Forester licensure exam only for the purpose of seeking licensure as a forester in the State of Maine or for CF certification and for no other purpose. Because of the confidential nature of the exam, applicant agrees not to take any examination materials from the test site, reproduce the examination materials, or transmit examination questions or answers in any form to any other person.”

Applicant signature: _____ Date: _____

Board of Licensure of Foresters - Intern Forester Application

Applicant Name: _____

(Submit this page ONLY if applying for an education variance)

Please document 60 contact hours of supplemental forestry education below. Education must have been completed within 4 years preceding the date of the application. You may duplicate this page as necessary.

| DATE | NAME OF COURSE, PROGRAM, PRESENTATION OR OTHER ACTIVITY | CONTACT HOURS |
|------|---|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Board of Licensure of Foresters - Intern Forester Application

Keep this page for your records

RESPONSIBILITIES OF INTERN FORESTERS (see Rules Chapter 70, Section 2)

Nature of Work Experience - During an internship the intern forester shall acquire experience in the following four subject areas that constitute the profession of forestry. Each of the four subject areas must be represented in the intern forester's work experience during the internship.

- 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.

Full-time equivalency - The forestry internship is expected to be a full-time experience. Part-time experience is acceptable, but must accumulate to the full-time equivalent of the 48-month or 24-month internship required by 32 MRSA §5515(3)(A) or (B), as the case may be.

Log - The intern forester shall maintain a log during the course of the internship. The log shall record the dates, employer, location, duties and subject area with respect to each assignment performed by the intern forester. The intern forester shall produce the log to the Board for inspection at any time. **NOTE: DO NOT SEND THE LOG WITH THIS APPLICATION.**

RESPONSIBILITIES OF SPONSORS (see Rules Chapter 70, Section 4(E))

Guidance - All forestry work performed by an intern forester must be performed under the guidance of a forester who has agreed to sponsor the intern forester. Such guidance need not be day-to-day, direct personal supervision. However, the sponsor must have sufficiently detailed, current knowledge of the intern forester's work to enable the sponsor to:

- Adequately evaluate the intern forester's performance on an ongoing basis; and
- Submit the reference at the conclusion of the internship required by 32 MRSA §5515(4).

Report to board - The sponsor need not ordinarily report to the Board prior to the completion of the internship. However, the sponsor shall report to the Board on the progress and performance of the forestry intern if, at any time prior to completion of the internship—

- In the opinion of the sponsor, the quality of the intern forester's work or any other factor may, if not corrected, prevent the sponsor from submitting a favorable recommendation to the Board upon the conclusion of the internship;
- The intern forester changes sponsors, has a change in internship status or terminates the internship; or
- The sponsor resigns as sponsor.

Replacement sponsor - If a forester ceases to serve as sponsor without arranging for a replacement, an intern forester working under the guidance of that forester must arrange for a replacement within 30 days of the sponsor's resignation or unavailability. No work performed by an intern forester after 30 days following the resignation or unavailability of the sponsor will be recognized as part of the internship unless and until a replacement sponsor is obtained. The intern must immediately notify the board of the name and address of the replacement sponsor.

Notwithstanding anything in this subsection to the contrary, the intern forester may not endorse plans, maps and reports unless the document has been actually reviewed by the sponsor of the intern forester prior to endorsement.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035. All mail sent through the United States Postal Service must use this address.
- **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. 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.

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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). 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 disciplinary action disclosure question
- 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
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.