



**Part I. Applicant Information (continued)**

3. For applicants who engage in Commercial Forest Practices under a business name, please provide the following information for each business under which you engage in Commercial Forest Practices.

Business Name:  
 Business Address:  
 City/Town: State: Zip Code:  
 Business Phone: ext. Fax:

Please enter a check mark if additional sheets are required. If so, please reproduce this sheet, and label, and attach additional sheet(s) with the required information to this sheet.

4. For applicants who do not engage in Commercial Forest Practices for an employer or under a business name please provide the following information regarding each name or entity under which or for whom you engage in Commercial Forest Practices.

Name of Entity:  
 Entity Address:  
 City/Town: State: Zip Code:  
 Entity Phone: ext. Fax:

**Part II. Certification Level/Exemptions/Examination**

Please indicate in the appropriate box the type of certification for which you are applying. See *General Information About Commercial Forest Practitioner Certification* of the application instructions for a description of the different types of certification.

Forester       Supervising Forest Products Harvester       Forest Products Harvester

**New: Applicants for Forester certification only: please provide all post high school education:**

Name of Institution	Graduation Date	Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check here if you are unable to read and are applying to take the oral examination. (If this box is checked, the person preparing this application must sign and complete Part IV.)

Please check here if you are seeking certification as a Forest Products Harvester but are applying for an exemption from the examination. An applicant applying for this exemption must complete Attachment A and submit it along with this application.

Please check here if you are a state or municipal employee applying for an exemption from payment of the application and examination fees.

Please check here if you are applying to take the examination after failing to pass a previous examination for the same type of certification or after failing to appear for a scheduled examination.

**Part III. Additional Registration, Certification, License Information and Background Information**

1. For each state (including Connecticut) in which you are currently or have previously been registered, certified or licensed as a forest practitioner indicate:

(a) your current registration, certificate or license identifier (i.e., number)

(b) if no longer registered, certified, or licensed indicate why

(c) have you ever had a registration, certification or license as a forest practitioner denied, revoked or suspended  Yes  No If yes, give dates and explain:

2. Have you ever been convicted of a felony associated with the conduct of a forest practice?  
 Yes  No If yes, give dates and explain:

3. Within the past 3 years, have you engaged in a forest practice for which a cease and desist order, citation, or other administrative order has been issued from any federal, state, or local agency for conduct associated with a forest practice ?  Yes  No If yes, give dates and explain:

“ I have personally examined and am familiar with the information submitted in this document and all attachments and certify that, based on reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in this application or its attachments may be grounds for denial, suspension, or revocation of a certification.”

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Signature of Applicant Date

**Part IV. If an applicant is unable to read and has requested to take an examination orally, the person preparing this application must sign and provide the information asked below.**

“I declare under penalty of false statement that I have completed this application based upon the information provided by the applicant and that to the best of my knowledge and belief the information in this application is true, complete and correct.”

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Signature of Preparer Date

Preparer's Address:

City/Town: State: Zip Code:

Preparer's Phone: ext. Fax:

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# Attachment A: Forest Products Harvester Examination Exemption

***This form is to be completed to determine eligibility for the Forest Products Harvester Examination Exemption.***

Applicant's Name:

Last

First

Middle

Please reproduce and complete this Attachment for each employer for whom you were employed by, or for whom you contracted to in the engagement of commercial forest practices *and/or* for each landowner for whom you engaged in commercial forest practices.

## Part I. Employer or Landowner Information

Please check one of the following:

Employer

Landowner

1. Name:

2. Address:

City/Town:

State:

Zip Code:

3. Business Phone:

ext.

Fax:

Contact Person:

Title:

4. The dates during which you performed commercial forest practices:

From:

To:

5. The estimated hours you worked per week performing commercial forest practices:

6. Briefly describe the commercial forest practice being performed (timber harvesting, tree planting, timber stand improvement, amount of volume harvested, acres planted, etc.):

7. Indicate the town(s) in which the commercial forest practice(s) were performed:

**Part I. Employer or Landowner Information (continued)**

8. Describe fully your role in the performance of the commercial forest practice noted above. For example: operated skidder, planted trees, operated a chain saw, etc.

9. Did you receive remuneration (payment) for engaging in the activities described in number 8 above?

Yes  No

"I hereby certify under penalty of false statement that the above information related to forest practices performed by \_\_\_\_\_ for \_\_\_\_\_ is true to the best of my knowledge and belief."

\_\_\_\_\_  
Employer or Landowner Signature

\_\_\_\_\_  
Date

Please enter a check mark if additional sheets are required. If so, please reproduce this sheet, and label, and attach additional sheet(s) with the required information to this sheet.

**Part II. Applicant Certification**

"I have personally examined and am familiar with the information submitted in this document and all attachments and certify that, based on reasonable investigation, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in this document or its attachments may be grounds for denial, suspension, or revocation of certification."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date