



REGISTERED FORESTER PROGRAM APPLICATION



APPLICANT INFORMATION

PLEASE REVIEW THE QUALIFICATIONS TO APPLY (PA 116, SEC. 53509) BEFORE SUBMITTING YOUR APPLICATION

Applicant's Full Name (First, Middle, Last)		Date of Birth	Today's Date
Street Address			
City, State, ZIP Code			County
Highest Degree Held	Field of Study	University	Year Graduated
2 nd Degree Held (if applicable)	Field of Study	University	Year Graduated
3 rd Degree Held (if applicable)	Field of Study	University	Year Graduated
E-mail		Alternate E-mail	
Number of Years of Professional Experience	Business Telephone Number	Alternate Telephone Number	
Name of forester(s) who provided professional guidance*			

REFERENCES/ENDORSEMENTS (Application must include three (3) references/endorsements from current registered foresters)

Reference #1 Name: Company Name:	Telephone Number	E-mail
Reference #2 Name: Company Name:	Telephone Number	E-mail
Reference #3 Name: Company Name:	Telephone Number	E-mail

DNR USE ONLY

Date Received	Initials of Receiver	Date Sent to Board of Foresters	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Number (If approved)	Date Applicant was Notified of Response	Date Billed (If approved)	

Send completed application to:
MDNR Forest Resources Division, Gaylord CSC

Attn: Brenda Haskill
1732 W M-32
Gaylord, MI 49735
Telephone: 989-370-9557
Email: DNR-Forester-Registration@michigan.gov

*Per PA116 of 2018, Sec. 53509, applicants must have had 2-4 years of "experience under the guidance of a registered forester, an SAF-certified forester, or a member of the Association of Consulting Foresters".