



Michigan Department of Natural Resources – Forest Resources Division
REGISTERED FORESTER PROGRAM APPLICATION



APPLICANT INFORMATION			
PLEASE REVIEW THE QUALIFICATIONS TO APPLY (PUBLIC ACT 116, SECTION 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". Applicants may also have 2-4 years experience under the guidance of an ISA certified arborist or an ISA master arborist. **REGISTRATION FEES PAYALBE AFTER ACCEPTANCE.**