

APPLICATION FOR FORESTERS REGISTRATION, RE-REGISTRATION OR REINSTATEMENT

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Print or Type Clearly

Name (First, Middle, Last)			U.S. Social Security Number	
Address		City		State
Zip Code				
Permanent ID Number	Telephone Number	E-mail Address		
<p>If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a registration. Documentation may include a certificate of employability, if applicable.</p> <p>Since you have been registered, have you ever been convicted of a felony not previously reported to the Department for this registration type or occupation?</p> <p>Yes No</p>				
<p>Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (re-registration/reinstatement only)</p> <p>Yes No</p>				
<p>Registration/license in another jurisdiction?</p> <p>Yes No NA</p>				
<p>Did you graduate from an accredited university or college?</p> <p>Yes No</p>				
<p>Do you have 2 or more years of experience in Forestry work?</p> <p>Yes No</p>				
CHECK THE REGISTRATION TYPE			FOR OFFICE USE ONLY	
<p>New Applicant - Veteran (see required additional documents) Fee Waived</p>			<p>License Number Issue Date</p>	
<p>If applying between February 1st of an EVEN year and January 31st of an ODD year</p>				
<p>New Registration \$130.00 3301-01</p>				
<p>Re-Registration (Required if 61 days or more past Renewal) \$150.00 3301-06</p>				
<p>If applying between February 1st of an ODD year and January 31st of an EVEN year</p>				
<p>New Registration \$ 90.00 3301-01</p>				
<p>Re-Registration (Required if 61 days or more past Renewal) \$110.00 3301-06</p>				
<p>Reinstatement (If registration is currently revoked) \$ 50.00 3301-05</p>				
<p>Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.</p>				

BPL/FORAPP (Rev. 12/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Required Additional Documents

- If licensed/registered in another jurisdiction, submit the following:
 - Documentation indicating the other jurisdiction's authorization requirement.
 - A copy of your license/registration.
- If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.
- If applying for reinstatement, submit this application along with the required supporting documentation and appropriate fees to the address provided above. Supporting documentation includes a petition to the department and the appropriate board stating reasons for reinstatement and including evidence that the applicant can and is likely to serve the public in the regulated activity with competence and in conformance with all other requirements prescribed by law, rule, or an order of the department or board.

If approved for reinstatement, the applicant must apply for re-registration and meet the current requirements for licensure or registration as established by the department in rules or procedures in order to obtain a license or registration.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature

Date