



Connecticut Department of Energy & Environmental Protection
 Bureau of Natural Resources
 Forestry Division

CPPU USE ONLY		
App #:	_____	
Doc #:	_____	
Check #:	_____	
Program: Forestry Certification		
<input type="checkbox"/> FPH	<input type="checkbox"/> SFPH	<input type="checkbox"/> F #
<input type="checkbox"/> EE	<input type="checkbox"/> O	<input type="checkbox"/> G

Application for Commercial Forest Practitioner Certification

Please complete this form in accordance with the [instructions](#) (DEEP-FOR-INST-100) to ensure the proper handling of this application. Print or type unless otherwise noted. The application and examination fee must be submitted along with a completed application to the address specified at the end of this form.

Part I: Application Type and Fee Information

Select one type of certification: See <i>General Information About Commercial Forest Practitioner Certification</i> of the application instructions for a description of the different types of certification.			
<input type="checkbox"/> Forester <input type="checkbox"/> Supervising Forest Products Harvester <input type="checkbox"/> Forest Products Harvester			
Application Type Check the appropriate box identifying the application type.	Application Fee	Examination Fee	Total Fee
<input type="checkbox"/> New Application	\$235.00 [#1895]	\$65.00 [#84]	\$300.00
<input type="checkbox"/> New Application - Exempt from Examination Fee (see instructions) must complete Attachment A	\$235.00 [#1895]		\$235.00
<input type="checkbox"/> New Application - Retake of an examination (see instructions)		\$65.00 [#84]	\$65.00
<input type="checkbox"/> Renewal Application Existing Certification No.: _____ Expiration Date: _____	\$235.00 [#1895]		\$235.00
<input type="checkbox"/> Check here, in addition to above boxes, if the applicant is a State or Municipal employee for which certification is required for their employment. If this box is checked, the application and examination fee are waived.	\$0	\$0	\$0
<input type="checkbox"/> Check here, in addition to the above boxes, if the applicant is unable to read and is applying to take the oral examination. If this box is checked, the person preparing this application must sign and complete Part IV.			

Part II: Applicant Information

1. Please provide the following information regarding the applicant.			
Name:			
Last	First	Middle	
Mailing Address:			
City/Town:	State:	Zip Code:	
Home Phone:	Cell Phone:		
*E-mail address:			
Date of Birth:			
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.			

Part II: Applicant Information (continued)

2. Applicant Residence Address (if different than above):
 City/Town: State: Zip Code:

3. Emergency Contact Information:
 Emergency Contact Name: Relationship: Phone Number:

4. Please provide the following information regarding each employer for whom the applicant engages in Commercial Forest Practices.

Name	Street Address	City/Town	State	Zip Code	Contact Person	Phone

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

Name	Street Address	City/Town	State	Zip Code	Contact Person	Phone

6. 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 the applicant engages in Commercial Forest Practices.

Name	Street Address	City/Town	State	Zip Code	Phone

Part III. Additional Background Information

1. Applicants for **Forester certification only (including renewal applications):**

Name of Institution	Graduation Date	Degree Earned

2. **For all Applicants:**
 A. For each state (including Connecticut) in which the applicant is currently or has previously been registered, certified or licensed as a forest practitioner provide the following:

Name of State	current registration, certificate or license identifier (i.e., number):	if no longer registered, certified, or licensed indicate why	Has a registration, certification or license as a forest practitioner been denied, revoked or suspended?
			<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, give dates and explain:
			<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, give dates and explain:
			<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, give dates and explain:
			<input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, give dates and explain:

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

C. Within the past 3 years, has the applicant 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:

Part IV: Certification

The applicant and the preparer, if applicable, must sign this part.

"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."			
Applicant Signature		Date	
<i>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 requested below.</i>			
"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."			
Signature of Preparer		Date	
Preparer's Address:			
City/Town:		State:	Zip Code:
Preparer's Phone:		ext.	

Note: Please submit this completed Application Form, including Attachment A if applicable, and Fee to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

The applicant will be notified in writing of the exam date.

For Renewal applications, all [annual reports](#) and required CEU's must have been submitted. The applicant must submit all outstanding annual reports and CEUs with this completed application.

For questions, please contact the Forestry Division at 860-424-3630 or email at: DEEP.Forestry@ct.gov

Attachment A: Forest Products Harvester Examination Exemption

This form is to be completed and submitted with the application only if the applicant qualifies for the Forest Products Harvester Examination Exemption.

Applicant's Name:

Last

First

Middle

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

Part I. Employer or Landowner Information

Please check one of the following: Employer Landowner

1. Provide Information concerning the Employer/Landowner:

Name:

Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

2. The dates during which the applicant performed commercial forest practices:

From:

To:

3. The estimated hours the applicant worked per week performing commercial forest practices:

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

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

Part I. Employer or Landowner Information (continued)

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

7. Did the applicant receive remuneration (payment) for engaging in the activities described in number 6 above?
 Yes No

8. The following certification must be signed by the Employer/Landowner:

"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."
(Applicant) (forest practice)

Employer or Landowner Signature

Date

Check the box 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