



ARKANSAS DEPARTMENT OF AGRICULTURE

Board of Registration for Foresters
1 Natural Resources Drive
Little Rock, AR 72205
(501) 224-2836
Cara.Tharp@agriculture.arkansas.gov

To whom it my concern:

The following person, _____ of _____
Applicants Name *County, State*

has applied for a license as a Registered Forester in the State of Arkansas under the provisions of Arkansas Code § 17-31-101 through § 17-31-310. Under the provisions of this code, the applicant is required to furnish evidence satisfactory to the Board that the applicant is qualified to practice forestry. The applicant refers to you as one who has information concerning the applicant’s character, ability, reputation, an professional attainments. The Board has the responsibility of registering only those who are qualified to practice forestry in any of its branches, to the end that provisions of this Code, the Board asks your cooperation in providing information about this applicant.

The Board wishes to point out that the statements submitted must be from personal knowledge only. The statements that you make will be taken as deliberate, and made with the full realization of the responsibility toward the public involved. Please answer the questions on the back of this sheet carefully, completely, and with the utmost frankness.

Sincerely,

Arkansas Board of Registration for Foresters

Executive Director



Questions? We’re here to help!

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Answers to be given from personal knowledge only.

Information concerning _____

Applicants Name

1. Your name (please print or type): _____
Address: _____
Street & Number *City* *State* *Zip Code*
2. What is your present business or profession? _____
If Forester, your employer: _____
3. Are you a graduate Forester? Yes No
4. If a registered Forester, what state? _____ License # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? Yes No If Yes, how? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the applicant's integrity or general good character?
 Yes No If Yes, please explain: _____
9. What is the applicant's character, reputation, and standing in the community? _____

10. In your opinion is the applicant qualified to have responsibility for Forestry work? Yes No
If No, please explain: _____
11. Would you employ the applicant in a position of trust? Yes No
If No, please explain: _____
12. If the applicant is connected with a firm, partnership, or corporation, please give its name and address:

Name *Street & Number* *City* *State* *Zip Code*
13. Is the applicant in charge of important Forestry work? Yes No Explain: _____

14. If the applicant is in private practice, please indicate the nature of such practice. _____

15. Do you recommend the applicant for a license as a registered forester? Yes No

To the best of my knowledge and belief, I certify that the above statements are true and correct.

Written Signature

Date