



Certified Forester Specialized Credential Forest Certification Auditor (CF/FCA) Examination Application

Only current Certified Foresters are eligible to seek specialized credentials.

Please mail, fax, or e-mail the complete application, along with a check or credit card fee payment, to the address below.

1. Applicant's Name and Address (Please print or type.)

Dr. Mr. Ms. Last name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____ Country _____

Daytime phone _____ Fax _____ E-mail _____

2. Certified Forester Number (Applicant MUST be a CF in good standing to register for the CF/FCA exam.): _____

3. Fees¹

Initial application² (US funds): SAF Member - \$175 Nonmember - \$225

Check (Make check payable to SAF Certified Forester program) Mastercard Visa AmEx

Exp. date _____ Card # _____

Signature _____

4. Name to be printed on certificate (Please print or type.) _____

5. Please the contact information of your immediate supervisor

(We will send this individual a confirmation notice of your CF/FCA approval.)

Name _____ Company/Agency _____

Address _____

City _____ State _____ Zip _____ Country _____

6. Certified Foresters Directory

This on-line directory lists all individuals who have successfully earned the CF/FCA designation and is available to CFs and the public. All Certified Foresters are entitled to be listed in the directory free of charge.

Would you like your specialized credential (CF/FCA) listed in the *Certified Forester Directory*? Yes No

7. Special Examination Accommodations

Please check here if you require special testing accommodations. Yes No

¹ Does not include annual or recertification fees.

² The initial application fee includes a one-time CF/FCA exam and one copy of the *CF/FCA Study Guide*.

<p><i>Office Use Only</i></p> <p>Action: _____</p> <p>Date: _____</p> <p>No. _____</p> <p>Updated March 2, 2009</p>
--

8. Certified Forester/Certified Forest Auditor Certification Agreement

For and in consideration of the application fees submitted herein and the mutual covenants contained herein, the Society of American Foresters (SAF) agrees that the undersigned applicant, upon receiving written notice of obtaining SAF Certified Forester/Forest Certification Auditor eligibility status, shall be eligible to register for and take the CF/FCA written examination, and to become a CF/FCA upon passage of the examination, as described in the Certified Forester Certification Handbook. The applicant further agrees that he/she understands the provisions of CF/FCA eligibility, examination, certification, and recertification.

The applicant hereby certifies that all information contained in the application for certification is true and accurate and agrees to denial, revocation, or suspension of certification if any statement made on the application or hereafter supplied to SAF is false or inaccurate or if the applicant fails to adhere to any requirements, as they are currently written and as they may be amended from time to time, of the SAF certification program. It is the responsibility of the individual applicant to remain in compliance with all requirements, as they are currently written and as they may be amended from time to time, for certification, including submission of annual or other fees and submission of a recertification application. Applicant expressly agrees that compliance with the requirements of the certification program is a continuing obligation and that it is the applicant's sole responsibility to demonstrate compliance with all applicable requirements, as may be amended from time to time.

Applicant authorizes SAF and its officers, directors, staff, Certification Review Board, volunteers, and agents to review applicant's application to take the written exam and to determine the eligibility of applicant for certification. The applicant/CF/FCA agrees to cooperate promptly and fully in any review of eligibility or certification status, including submitting such documents and information deemed necessary to confirm the information in the application. The applicant authorizes SAF to communicate any and all information relating to the applicant's CF/FCA's status, including but not limited to the pendency or outcome of disciplinary proceedings, to state and federal authorities, and others.

Applicant and SAF further agree that certification under this program is for an initial term of three years and may be renewed for additional terms upon: (1) accumulation of the required sixty (60) Continuing Forestry Education contact hours in accordance with SAF's Continuing Education Requirements for Recertification; (2) payment of applicable renewal and recertification fees, as provided in the program; (3) submission of and execution of applicable recertification forms; (4) compliance with the CF Standards of Professional Practice; and (5) the fulfillment of such other requirements as may from time to time be required by the SAF under the program.

Applicant understands and agrees that the SAF Certified Forester program is fully separate from SAF membership, and agrees that certification under this program does not create in the certified party any SAF membership rights or any rights in any other SAF program including but not limited to the rights to use any other SAF mark. The applicant also agrees that he/she will immediately cease any use of any SAF Certified Forester mark or other reference to the SAF certification program upon notice from SAF that his/her certification status has been revoked, suspended, or expired.

Applicant understands and agrees that certification is personal and may not be transferred or assigned to any other individual or entity. Applicant agrees that his/her use of the certification and related mark shall be in accordance with SAF certification procedures and guidelines, as they are currently written and as they may be amended from time to time.

Applicant agrees that he/she may seek admission to take the CF/FCA written exam only for the purpose of seeking CF/FCA certification and for no other purpose. Because of the confidential nature of the CF/FCA exam, applicant agrees not to take any examination materials from the test site, reproduce the examination materials, or transmit examination questions or answers in any form to any other person.

Applicant waives all claims against and hereby indemnifies and holds harmless SAF, its directors, officers, staff, Certification Review Board, volunteers, agents, and employers from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of SAF arising out of applicant's application for or participation in the SAF Certified Forester program and use of the SAF certification mark or other reference to the SAF Certified Forester program, including but not limited to any claims of negligence; provided, however, that applicant does not waive any claims against or indemnify or hold harmless SAF for any intentional acts by SAF, its directors, officers, staff, Certification Review Board, volunteers, agents.

I understand this application is for Certified Forester/Forest Certification Auditor status, that I must pass a written exam to become a CF/FCA, that certification is for a three-year period, and that I must complete 60 hours of continuing education courses during the three-year period to be recertified, as described and defined in the CF Handbook.

I have read the Objectives, Requirements, and Procedures and I am in full compliance with all SAF certification requirements, including but not limited to the CF Standards of Professional Practice. Further, upon passing the examination and achieving Certified Forester/Forest Certification Auditor Status, I agree to comply with all Certified Forester requirements and procedures.

Signature _____ Date _____