



Application for the Certified Urban Forester Examination

Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Employer/Occupation _____
Day Phone _____ Eve Phone _____

Prerequisites:

Check the relevant degrees you have and fill in the required information:

- Bachelors Degree in an Urban Forestry-related discipline from an accredited school.

Bachelors Degree _____ in _____
From _____
Date Received _____. Attach official documentation.

- Associates Degree in an Urban Forestry-related discipline from an accredited school.

Associates Degree _____ in _____
From _____
Date Received _____. Attach official documentation.

- Advanced degree (Master's or Doctor's) in an Urban Forestry-related discipline.

Advanced Degree _____ in _____
From _____
Date Received _____. Attach official documentation.

Fill in your information for the following certifications or licenses:

- CA Registered Professional Forester # _____
- CA Licensed Landscape Contractor # _____
- CA Licensed Landscape Architect # _____
- CA Licensed Architect # _____
- ISA Certified Arborist # _____
- ASCA Registered Consulting Arborist # _____
- CANGC Adv. Certified Nursery Professional # _____
- APA Certified Planner # _____
- Other (to be approved) _____ # _____

Name _____

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Have you previously applied for this examination? | YES | NO |
| 2. Have you ever had a governmental license, registration or certification denied, suspended or revoked for any reason? | YES | NO |
| 3. Do you need reasonable accommodations to take a written examination? | YES | NO |
| 4. Have you been convicted of a felony or misdemeanor which has resulted in imprisonment or fine exceeding \$100, regardless of if the sentence was actually imposed or stayed under probation? | YES | NO |

Fully explain any questions answered "yes."

List all qualifying work experience starting with the most recent first.

(A resume may be substituted if all of the required information is provided.)

Work Experience #1

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Work Experience #2

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Name _____

Work Experience #3

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Work Experience #4

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Work Experience #5

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Work Experience #6

Job Title: _____ Total Years Worked: _____
Employer: _____ From: _____ To: _____ Salary: _____
Address: _____
Supervisor's Name _____ Phone _____ Email _____
Duties and Accomplishments: _____

**Only if work experience is less than 40 hours/week, indicate hours: _____*

Name _____

Fees (all fees are nonrefundable)

Application Processing Fee

- CaUFC Members* - \$ 75
- Non-CaUFC Members - \$100

* To qualify as a member, an individual must have been a member of CaUFC for at least one full year prior to application.

Examination Fee

- CaUFC Members* - \$150
- Non-CaUFC Members - \$200

Total Enclosed or Charged _____ (please make all checks payable to CaUFC)

VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS EXP DATE

SIGNATURE

PRINT NAME AS IT APPEARS ON THE CARD

Confirmation

I hereby agree to all conditions set forth in this application. Furthermore, I hereby affirm that all information included on this application is accurate.

Signed _____ Date _____
Print Name _____

Certified Urban Forester Agreement

The following agreement is between the California Urban Forests Council, hereinafter known as CaUFC and _____ hereinafter known as applicant. Upon successful completion of all prerequisites and the Certified Urban Forester Examination, CaUFC agrees to certify applicant as a Certified Urban Forester subject to the conditions and agreements contained within the Certified Urban Forester Agreement posted on the CAUFC website. Applicant agrees to abide by all rules, specifications, and terms of usage contained in the Certified Urban Forester Agreement as posted on the website once credentialed as a Certified Urban Forester.

Signed _____ Date _____

Please send application packets to: Certified Urban Forester - Applications
P.O. Box 823
Novato, CA 94948