

**STATE BOARD OF REGISTRATION FOR FORESTERS  
AFFIDAVIT**

**NORTH CAROLINA  
CONSULTING FORESTER / FORESTRY CONSULTANT**

I, (Name) \_\_\_\_\_, acknowledge the qualifications and requirements that must be met to practice as a Consulting Forester / Forestry Consultant in North Carolina as defined in G.S. 89B, 89B-2.

I do solemnly swear (affirm) I meet the following specific requirements for Consulting Forester/ Forest Consultant in North Carolina:

- A. I am Registered Forester # \_\_\_\_\_ in the State of North Carolina. My registration is current.
- B. I graduated from (university/college) > \_\_\_\_\_ in the year \_\_\_\_\_ having earned a (BS),( BF) (Other > \_\_\_\_\_ degree in (curriculum) \_\_\_\_\_  

- or -

I have shown equivalent knowledge by successfully passing the written examination administered by the North Carolina State Board of Registration for Foresters in the year \_\_\_\_\_.
- C. I have read and am governed by the Code of Ethics adopted by the State Board of Registration for Foresters.
- D. I am competent to practice forest management, appraisal, development, marketing, protection, and utilization for the benefit of the public on a fee, contractual, or contingency basis.
- E. I am not engaged and will not engage in any practice that constitutes a conflict of interest, including the procurement of standing merchantable timber, or in any way diminishes my ability to represent the best interests of my clients.
- F. I herewith acknowledge the requirement to file this annual affidavit with the State Board of Registration for Foresters, attesting to my compliance with the conditions of this Chapter.

I DO SOLEMNLY SWEAR (AFFIRM) THAT I WELL AND TRULY MEET THE QUALIFICATIONS AND REQUIREMENTS DEFINED IN G.S. 89B AND G.S.89B-2; TO PRACTICE AS A CONSULTING FORESTER / FORESTRY CONSULTANT IN NORTH CAROLINA; AND THAT I WILL PERFORM SAID SERVICES FOR THE GENERAL PUBLIC TO THE BEST OF MY PROFESSIONAL SKILL AND ABILITY.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Business)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City) (Telephone)

Sworn to and subscribed before me, this

the \_\_\_\_\_ day of \_\_\_\_\_, 2023

\_\_\_\_\_  
(SEAL)  
Notary Public  
Notary Expiration Date \_\_\_\_\_