



APPLICATION FOR CONTINUING FORESTRY EDUCATION CERTIFICATE

Name: _____ Title: _____
(as it should appear on the certificate)

Mailing Address: _____

Telephone: _____ Fax: _____
CIF Member _____ RPF Member _____

Do you wish to be recognized in the Forestry Chronicle? Yes ___ No ___

Do you wish a letter and copy of your certificate sent to your employer? Yes ___ No ___

(If so, please enclosed a self-addressed business envelope using the appropriate name and address of your employer.)

SUMMARY OF CONTACT HOURS FOR THE THREE-YEAR PERIOD

Beginning Date: _____	Ending Date: _____
Category 1: _____	Hours Claimed (60 minimum/150 maximum)
Category 2: _____	Hours Claimed (90 maximum)
Category 3: _____	Hours Claimed (60 maximum)
Total _____	Hours Claimed (150 minimum)

Having completed the contact hours listed above, I am applying for a CIF/IFC Continuing Forestry Education Certificate. To the best of my knowledge, this information is accurate and complete.

X _____
(Signature of Applicant) (Date)

For the CIF/IFC Continuing Forestry Education Committee

I have examined this application and found that it meets the required contact hours within each of the required Categories and I approve the application for issuance of the Continuing Forestry Education Certificate.

X _____
(Signature for CFE Committee) (Date)

For Use by CIF/IFC Section

Date Received _____	Amount _____
Certificate mailed by _____	Date _____
(signature)	
Record sent to CIF/IFC National _____	Date _____

Return to your local CIF/IFC section