



Wes Moore, Governor
Aruna Miller, Lt. Governor
Josh Kurtz, Secretary
Allan Fisher, Deputy Secretary

**APPLICATION FOR QUALIFIED PROFESSIONALS APPROVED BY
DNR FOREST SERVICE
TO SUBMIT FOREST STAND DELINEATIONS AND
FOREST CONSERVATION PLANS**

PART I GENERAL INFORMATION

Applicant's Name _____

Address _____

Phone # _____ Email: _____

Date Attended DNR Approved Forest Conservation Class _____

You need to have:

*(a) four year degree in natural resource sciences, natural resource management, landscape planning or environmental planning, **OR***

*(b) 4 years appropriate professional experience in the aforementioned fields, **OR***

(c) a graduate degree in natural resources and 1 year of professional experience

AND have satisfactorily completed a forest conservation training program approved by the MD DNR Forest Service.

PART II EDUCATION

You must submit a copy of your transcripts with this application.

A. List schools attended, Degree and Specific Curriculum That Comply with Requirements in C.O.M.A.R.08.19.06.01: (Use additional sheets if necessary)

School Name: _____

Address: _____

Degree Earned: _____ Date Conferred: _____



MARYLAND
DEPARTMENT OF
NATURAL RESOURCES

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B. List at Least four Specific Courses Completed Which You Believe May Enable You to Meet the Regulatory Requirements Outlined Above.

PART III EXPERIENCE (Attach Resume)

Company or Organization: _____

Address: _____

Position: _____

Dates of Service: From _____ To _____

Description of duties/responsibilities as they apply to your ability to meet the requirements of a qualified professional to submit Forest Stand Delineations and Forest Conservation Plans:

Name of Supervisor _____ Phone # _____

I hereby confirm under penalty of perjury that the applicant demonstrated competence in the performance of the duties/responsibilities listed above during the dates indicated.

Signature of Supervisor _____ Date _____

I hereby certify under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge, information and belief.

Signature of Applicant _____ Date _____

Submit application along with a copy of your resume, transcripts, and certificate of completion of forest conservation training to:
FCA.DNR@maryland.gov or
Department Natural Resources – Forest Service
Forest Conservation Program
Tawes State office Building – E-1
580 Taylor Avenue



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Annapolis, MD 21401

QUALIFIED PROFESSIONALS' PROFESSIONAL ONLINE SERVICES LIST FORM

(Enter only information you wish to be available online on this page)

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

BUSINESS PHONE:(_____) _____

CIRCLE ONE: QUALIFIED PROFESSIONAL LICENSED FORESTER

LICENSED LANDSCAPE ARCHITECT

Check the county(ies) you **will** accept work in:

Anne Arundel	Baltimore	Calvert	Caroline
Carroll	Cecil	Charles	Dorchester
Frederick	Harford	Howard	Kent
Montgomery	Prince George's	Queen Anne's	St. Mary's
Somerset	Talbot	Washington	Wicomico
Worcester			All Counties

Check the kind of work you **are willing** to perform:

- | | |
|---------------------------|--|
| Forest Stand Delineation | Forest Conservation Plan |
| Environmental Design/Work | Vegetation Protection for Construction |
| Planting | All Services |

Email or Mail Form to:

FCA.DNR@maryland.gov

Maryland Department of Natural Resources- Forest
Service Qualified Professional Application
580 Taylor Ave. Bldg E-1
Annapolis, MD 21401