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

Please type or write clearly

PART I  GENERAL INFORMATION

Applicant’s Name
Mailing Address
County
Home Phone #    Business Phone #

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:

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 transcripts to:
Department Natural Resources – Forest Service
Forest Conservation Program
Tawes State office Building – E-1
580 Taylor Avenue
Annapolis, MD 21401
(410) 260-8511