



Certified Forester® Program Reexamination Application

1. Applicant's Name and Address (Please print or type.)

Dr. Mr. Ms. First name _____ Last _____
 Address _____

 City _____ State _____ Zip _____
 Country _____
 Daytime phone _____ E-mail _____

2. Fees* (Please check one.) * -Does not include annual and recertification fees.

SAF Member - \$150 Nonmember - \$200
 My check is enclosed for \$ _____ (US funds)
 Make check payable to the Society of American Foresters
 Or charge my: Mastercard Visa AmEx Exp. Date _____ Verification Code: _____
 Card # _____ Signature _____

3. Exam (Please check one)

Certified Forester® (CF)
 Certified Forester® Certified Forest Auditor (CF/FCA)

4. Special Examination Accommodations

Please check here if you require special testing accommodations. Yes No

Please mail or fax the complete reexamination application along with a check or credit card fee payment the Society of American Foresters.

*Certified Forester® program
 Society of American Foresters
 5400 Grosvenor Lane, Bethesda, MD 20814-2198
 (301) 897-8720; cf@safnet.org
 www.certifiedforester.org*

Office Use Only
Action: _____
Date: _____
No. _____