



Certified Forester®/Forest Certification Auditor 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. 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. _____