APPLICATION FOR CONTINUING FORESTRY EDUCATION CERTIFICATE

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

Mailing Address: _____

Telephone:_____ Fax:_____ e-mail_____

CIF Member? Yes ___ No ___
ARPFNB Member? Yes ___ No ___
NBFTA Member? Yes ___ No ___
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 enclose 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-Maritime Section/ARPFNB/NBFTA Continuing Forestry Education Certificate. To the best of my knowledge, this information is accurate and complete.

_____
(Signature of Applicant) (Date)

f required, please enclose the appropriate application fee made payable to ARPFNB.

Date Received _____ Amount _____

Certificate mailed by _____Date_____

Record sent to CIF National _____Date_____

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.

_____
Signature for CFE Committee (Date)

For further information, contact the CFE Committee c/o Executive Director, ARPFNB, 1350 Regent St, Fredericton, NB E3C 2G6 Telephone 506 452-6933; Facimile 506 450-3128;
e-mail: arpfnb@nbnet.nb.ca

Cette brochure est aussi disponible en Français.

CIF-MARITIME SECTION/ARPFNB/NBFTA

CONTINUING FORESTRY EDUCATION PERSONAL ACTIVITY FORM

APPLICANT'S NAME:

Dates Attended	Location	Name of Course or Activity	Instructors	Contact Hours by Category			Committee Approval
				1	2	3	Initials
TOTAL CONTACT HOURS							

N.B. 1. Please make additional copies of this form as needed.
2. Round contact hours down to the nearest half-hour.