



# Special Permit: Limited Licence Application Package

July 2017

**FILLABLE FORM**  
Please fill out form, print, sign and send to the association.

# Become a Special Permit - Limited Licence Holder

## Are You Eligible?

The Association of BC Forest Professionals (ABCFP) is the registering and regulatory body for BC's forest professionals, including Registered Professional Foresters (RPFs) and Registered Forest Technologists (RFTs). You must be a registered member with the association to practise professional forestry in BC.

The alternate route of entry for those seeking the right to practise professional forestry on a restricted basis is through a Special Permit – Limited License. Refer to the process below to determine if you are eligible.

The work specified in the limited license application must fall within the practice of professional forestry.

## Application Process

Below is a process for granting limited licenses to individuals who do not have the training required of a Registered Professional Forester or a Registered Forest Technologist but wish to practise professional forestry. The eligibility to apply for a Special Permit-Limited License Holder is based on the applicant having already met the conditions as outlined in the ABCFP Bylaws.

### Step 1

The applicant must: a) be of good character and repute; b) have a science degree in a discipline and from a university program approved by council, a diploma from a college program or other academic qualification approved by council, or have other qualifications acceptable to council; and c) have five (5) years of experience in forestry work satisfactory to council. The experience requirement may include up to a maximum of three (3) years spent in obtaining post-secondary academic education acceptable to council. At least the last two (2) years' experience must have been gained from working within the area of the practice of professional forestry to which the limited license is to apply, one (1) year of which must have been within British Columbia.

### Step 2

The applicant must submit a completed application for a limited license. The application must contain:

1. An accurate description of the work (duties and responsibilities) in the Intended Scope of Practice form which must be signed off by two (2) guarantors who are ABCFP registered members;
2. A sample work product to demonstrate the applicant has done and can successfully undertake the work described in the limited license.
3. Two Confidential Work History References each of which must be signed off by an ABCFP registered member who is competent in the area of practice identified in the application for the limited license and who can verify that the applicant has the skills and abilities required for the work described.
4. Two Confidential Character References who may not necessarily be ABCFP members but who can vouch for the applicant's character and are not family members.

### Step 3

The application will be reviewed by ABCFP and a teleconference interview with the applicant and guarantors and/or a field review will be conducted to assess whether the applicant has skills and abilities to perform the work described in the intended scope of practice and/or draft limited license.

### Step 4

If the applicant qualifies for a limited license and is not a registered member, the applicant must first complete the professional development requirements before being eligible to write the exam, which will assess the applicant's knowledge of professional obligations under the *Foresters Act* and ABCFP Bylaws.

### Step 5

If application is approved then applicant pays the fees and the limited licence is granted.

# Application

This application package is for individuals applying for a limited license to practise professional forestry. If you are unsure whether you qualify, refer to the Special Permit – Limited License process flowchart on the previous page or contact the registration department directly.

## Forms Included in this Package

This package includes all the forms necessary to apply for a Special Permit-Limited Licence. Use the checklist provided on the next page to ensure your application is complete and accurate.

- Application for Membership
- Work History
- Indictable Offence Declaration
- Intended Scope of Practice
- Confidential Work History Reference (2)
- Confidential Character Reference (2)
- Application and Interview Fees

Mail your completed application to the registration department. Only hard copies will be accepted. Digital or faxed applications will not be accepted.

## What's Next?

Once your application has been assessed by the board of examiners, the registration department will provide you with instructions on the next steps in the application process.

## Questions?

Contact the registration department if you have any questions about the application process.

Registration Department  
Association of BC Forest Professionals  
Suite 602 - 1281 W. Georgia Street  
Vancouver, BC V6E 3J7  
Tel: 604.687.8027 Fax: 604.687.3264  
E-mail: [admissions@abcfp.ca](mailto:admissions@abcfp.ca)

# Applicant Checklist

This checklist will help you ensure your membership application is complete and accurate. Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY.** Mail completed applications to the registration department. **FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED.**

## 1. Application Form

- Have you completed all three pages in full?
- Have you signed your Application Form?

## 2. Official Transcripts<sup>1</sup>

A transcript or letter is **ONLY** official if it is an original document issued by the relevant academic institution, states that your degree or diploma has been conferred and is received by the ABCFP in its original sealed envelope. If you attended an academic institution outside Canada, you may be required to submit a comprehensive evaluation of your transcripts. Please contact the registration department for further guidance.

- Have you asked the academic institution to have your official transcripts for all relevant diplomas/degrees conferred to be sent directly to the ABCFP?

## 3. Work History or Up-to-Date Resumé

- Have you included and signed your completed Work History or up-to-date resumé?
- Does it include all of your forestry related work and volunteer experience?

## 4. Indictable Offence Declaration

- Have you completed and signed your Indictable Offence Declaration?

## 5. Intended Scope of Practice

This form may be signed and sealed by two ABCFP registered members who have completed a Confidential Work History Reference on your behalf.

- Have you completed and signed your Intended Scope of Practice document?
- Has it been signed and sealed by two ABCFP registered members?

## 6. Confidential Work History Reference

This reference must be completed by two ABCFP registered members who can attest to your qualifying work experience.

- Have you obtained two Confidential Work History References?
- Have they been sealed in an envelope and signed across the flap by your references?

## 7. Confidential Character References<sup>2</sup>

- Have you obtained two Confidential Character References?
- Have they been sealed in an envelope and signed across the flap by your references?

## 8. Work Sample

- Have you included a copy of a work sample which you authored/co-authored related to practice area(s) applied for?

## 9. Application & Interview Fees

Refer to the Fees page of the website.

- Have you enclosed your application and interview fees including all applicable taxes?

<sup>1</sup> Current ABCFP members are generally not required to complete this requirement if school transcripts have been submitted with previous membership applications; however, applicants must still submit corresponding transcripts for any recently-acquired degree/diploma particularly if it will be referred to in this application.

<sup>2</sup> Current ABCFP members are not required to complete this requirement.

# Application Form



## Personal Information

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Salutation:  Mr.  Ms.  Mrs.  Dr.

Gender:  Male  Female

Are you of Aboriginal ancestry? (optional)  No  Yes (choose applicable)  Metis  Inuit  First Nations

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
country (dd/mm/yy)

## Business Address

Send correspondence to:  Business  Home

Title \_\_\_\_\_

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_ ( )

Telephone \_\_\_\_\_ Extension \_\_\_\_\_ Fax \_\_\_\_\_

( ) \_\_\_\_\_

Cellular \_\_\_\_\_ Business E-mail \_\_\_\_\_

## Home Address

Street Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) \_\_\_\_\_ ( )

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Home E-mail \_\_\_\_\_

**Memberships**

1. Are you currently a member of the ABCFP?

Yes  No

a. If yes, under which membership category?

RFT  Other: \_\_\_\_\_

2. If you answered 'No' to question one, have you ever been a member of the ABCFP?

Yes  No

b. If yes, under which membership category?

FIT  FP  TFT  RFT

Other: \_\_\_\_\_

3. Are you a member of another professional organization?

Yes  No

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education History**

List degrees/diplomas obtained starting with the most recent. Attach a separate sheet if additional space is required. Transcripts must be sent directly from the issuing academic institution to the ABCFP.

1. \_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Province/State, Country

\_\_\_\_\_  
Program Name

2. \_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Province/State, Country

\_\_\_\_\_  
Program Name

3. \_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Province/State, Country

\_\_\_\_\_  
Program Name

4. \_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Province/State, Country

\_\_\_\_\_  
Program Name

**Privacy Statement**

The *Freedom of Information and Protection of Privacy Act* does not allow the ABCFP to release members' home addresses without their consent. The ABCFP publishes an online membership directory for its members ([www.abcfp.ca](http://www.abcfp.ca)). NOTE: The ABCFP's mailing list is not released to advertisers or any other outside parties. **I authorize the ABCFP to publish my:**

Business Address  Both Addresses  
 Home Address  Neither Address

**Certification**

I recognize that under the *Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my education and experience and if granted membership under the terms of the *Foresters Act* and the bylaws of the association, agree to abide by the terms of the *Foresters Act* and the association's bylaws (including the Code of Ethics and Standards of Professional Practice).

\_\_\_\_\_ | \_\_\_\_\_  
Date | Signature of Applicant

**Print and then sign**

**Application and Interview Fees**

Your application package must include two separate payments, one for the application fee and the second for your interview fee. Your application fee covers the processing of your application and is non-refundable. You can pay your fees by cheque, MasterCard, Visa, or money order. Refer to the Fees page of our website.

**Note:** You will be invoiced for all applicable fees required for each step during the course of the application process. An applicant who will be required to go through any of these steps (technical work review and exam) will be invoiced accordingly. An applicant will be required to pay the permit and annual membership fees before the licence is granted.

|                       |            |             |
|-----------------------|------------|-------------|
| Applicant's Last Name | First Name | Middle Name |
|-----------------------|------------|-------------|

**Fee payment options:**  Cheque or money order      **Credit card information:**  Visa  
 Charge my credit card for the full amount       MasterCard

**Application fee enclosed:** \$ \_\_\_\_\_

**Membership fee enclosed:** \$ \_\_\_\_\_

|                    |                     |
|--------------------|---------------------|
| Credit Card Number | Expiry Date (mm/yy) |
|--------------------|---------------------|

|              |                         |
|--------------|-------------------------|
| Name on Card | Signature of Cardholder |
|--------------|-------------------------|

**Print and then sign**

**Note:** This information is collected by the ABCFP under the authority of the *Foresters Act* and will be used to assess your application for membership. Should you have any questions, please contact the Manager of Registration by mail, Association of BC Forest Professionals, Suite 602 – 1281 W. Georgia St., Vancouver, BC V6E 3J7, by phone at 604.331.2329 or by e-mail at [admissions@abcfp.ca](mailto:admissions@abcfp.ca).

# Work History



A Work History must be completed by all applicants for membership in the ABCFP. Provide a detailed account of all forestry related work and volunteer experience. Refer to the *Registration Policy* to determine minimum requirements for membership. Attach additional sheets if more space is required. Include this form with your membership application package.

Applicant: \_\_\_\_\_  
Last Name First Name

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |



Work History

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

**Certification**

I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my work experience.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant

**Print and then sign**

# Indictable Offence Declaration

All applicants applying for membership in the ABCFP are required to complete an Indictable Offence Declaration. Once you have completed this form, place it in a **separate sealed envelope marked PERSONAL AND CONFIDENTIAL** and include it with your membership application package. Once you have been granted membership, you are also required to notify the association if your indictable offence status changes at any time while you are a member.

A section in the bylaw on indictable offence states that council may have a member removed from the register if the individual has been convicted of an indictable offence either in British Columbia or elsewhere.

|           |            |          |
|-----------|------------|----------|
| Last Name | First Name | Member # |
|-----------|------------|----------|

Membership Type: \_\_\_\_\_

1. Have you been convicted of an indictable offence in Canada within the last 10 years?

YES                       NO

2. Have you been convicted of a serious offence in a country other than Canada within the past 10 years?

YES                       NO

3. If you answered YES to either question #1 or question #2 above, please provide the following information:

(a) Nature of offence: \_\_\_\_\_

(b) Year of conviction: \_\_\_\_\_

(c) Judicial district in which the judgment was rendered: \_\_\_\_\_

## Certification

I certify that the information given in this form and in any documents attached is correct, complete and provides full disclosure.

Signature of Member

**Print and then sign**

Date

ABCFP Office Use Only

Received: \_\_\_\_\_

# Intended Scope of Practice



Describe the particular practices you wish to undertake with regards to activities stated in the definition of professional forestry under Section 1 of the *Foresters Act*. Attach additional sheets if more space is required. **This form must be signed and sealed by two ABCFP registered members who act as guarantors.**

**Note:** To act as a guarantor, you must be an ABCFP registered member who is competent in the area of practice being applied for. You must have direct knowledge of the applicant's competencies as a supervisor, mentor, client or colleague. You must ensure that when certifying work experience, you are in fact confirming or are witness to the applicant's ability to undertake the particular practice as described below.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Certification - Applicant

I certify that I am competent to perform the work described in this document. I also certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure.

|      |                        |                            |
|------|------------------------|----------------------------|
|      |                        |                            |
| Date | Signature of Applicant | <b>Print and then sign</b> |

## Certification - Guarantors

I certify that I am competent to perform work in the area(s) of practice described in this document, the applicant is competent to perform the work described in this document, and the information provided in this form is correct, complete and provides full disclosure.

|      |                          |                            |
|------|--------------------------|----------------------------|
|      |                          |                            |
| Date | Signature of Guarantor 1 | <b>Print and then sign</b> |

Affix Seal Or Stamp Here

|      |                          |                            |
|------|--------------------------|----------------------------|
|      |                          |                            |
| Date | Signature of Guarantor 2 | <b>Print and then sign</b> |

Affix Seal Or Stamp Here

# Confidential Work History Reference (1)



An applicant applying for an ABCFP Special Permit - Limited License has asked that you provide a Confidential Work History Reference. **To act as a reference, you must be an ABCFP registered member and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in the Work History detail you are providing.**

Once you have completed this form, sign, date, stamp/seal and enclose it in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant so that it can be included as part of the application package. The information provided in this form is strictly confidential and for ABCFP use only. Do not send to the ABCFP directly. This may delay the application process.**

**Applicant:** \_\_\_\_\_  
Last Name First Name

**Reference:** \_\_\_\_\_  
Last Name First Name Prof. Designation Member #

\_\_\_\_\_ Title

\_\_\_\_\_ Company Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City Province Postal Code

\_\_\_\_\_ Telephone Extension E-mail

## Part A: Character and Repute

- I have known the applicant for a period of: \_\_\_\_\_  
Months or Years
- I have known or been associated with the applicant as his/her:  
 Supervisor  Colleague
- Do you consider the applicant to be suitable for registration as a limited licensee in the practice areas described in the Intended Scope of Practice?  
 Yes  No  Acceptable with Reservations
- If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B: Work History Detail**

A detailed account of the applicant’s work history should be summarized in the Work History Detail below. The Work History Detail section consists of four columns which must include the following information:

1. **Start and End Date:** Provide start and end dates for each Work History Detail you have provided.
2. **Employer and Location(s):** Provide the name of the applicant’s employer and the location(s) where specific duties were performed.
3. **Position (job title or project name):** Provide the job title(s) or the name of the project(s) undertaken.
4. **Specific Duties Performed:** List specific duties the applicant has undertaken in each time period.

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

**Part C: Certification**

I recognize that under the *Foresters Act*, a person commits an offence if he/she applies for a Special Permit-Limited Licence using false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply using false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

Date

Signature of Reference

**Print and then sign**

Affix Seal Or Stamp Here

# Confidential Work History Reference (2)



An applicant applying for an ABCFP Special Permit - Limited License has asked that you provide a Confidential Work History Reference. **To act as a reference, you must be an ABCFP registered member and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in the Work History detail you are providing.**

Once you have completed this form, sign, date, stamp/seal and enclose it in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant so that it can be included as part of the application package. The information provided in this form is strictly confidential and for ABCFP use only. Do not send to the ABCFP directly. This may delay the application process.**

**Applicant:** \_\_\_\_\_  
Last Name First Name

**Reference:** \_\_\_\_\_  
Last Name First Name Prof. Designation Member #

\_\_\_\_\_ Title

\_\_\_\_\_ Company Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City Province Postal Code

\_\_\_\_\_ Telephone Extension E-mail

## Part A: Character and Repute

- I have known the applicant for a period of: \_\_\_\_\_  
Months or Years
- I have known or been associated with the applicant as his/her:  
 Supervisor  Colleague
- Do you consider the applicant to be suitable for registration as a limited licensee in the practice areas described in the Intended Scope of Practice?  
 Yes  No  Acceptable with Reservations
- If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                    |
|------------------------------------|
| <b>Part B: Work History Detail</b> |
|------------------------------------|

A detailed account of the applicant's work history should be summarized in the Work History Detail below. The Work History Detail section consists of four columns which must include the following information:

1. **Start and End Date:** Provide start and end dates for each Work History Detail you have provided.
2. **Employer and Location(s):** Provide the name of the applicant's employer and the location(s) where specific duties were performed.
3. **Position (job title or project name):** Provide the job title(s) or the name of the project(s) undertaken.
4. **Specific Duties Performed:** List specific duties the applicant has undertaken in each time period.

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |

| Start (dd/mm/yy)                 | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|----------------------------------|----------------|------------------------|-----------------------------------|
|                                  |                |                        |                                   |
| <b>Specific Duties Performed</b> |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |
|                                  |                |                        |                                   |



| Start (dd/mm/yy) | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|------------------|----------------|------------------------|-----------------------------------|
|                  |                |                        |                                   |

| Specific Duties Performed |  |  |  |
|---------------------------|--|--|--|
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |

| Start (dd/mm/yy) | End (dd/mm/yy) | Employer & Location(s) | Position (job title/project name) |
|------------------|----------------|------------------------|-----------------------------------|
|                  |                |                        |                                   |

| Specific Duties Performed |  |  |  |
|---------------------------|--|--|--|
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |

**Part C: Certification**

I recognize that under the *Foresters Act*, a person commits an offence if he/she applies for a Special Permit - Limited Licence using false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply using false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Reference

Print and then sign

Affix  
Seal Or Stamp Here

# Confidential Character Reference (1)



An applicant applying for an ABCFP Special Permit - Limited License has asked that you provide a Confidential Character Reference. You may provide a Confidential Character Reference if you have known the applicant for more than six months and can attest to his/her character. You cannot supply a character reference if you are a family member or have completed a Confidential Work History Reference for this applicant.

Please be fair and honest when answering the questions on this form. Once you have completed this form, sign, date, stamp/seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant so that it can be included as part of the application package. Do not send it to the ABCFP directly. This may delay the application process. The information provided in this form is strictly confidential and for ABCFP use only.**

**Applicant:** \_\_\_\_\_  
Last Name | First Name

**Reference:** \_\_\_\_\_  
Last Name | First Name | Prof. Designation | Member #  
 (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City | Province | Postal Code

\_\_\_\_\_  
Telephone | Extension | E-mail

1. I have known the applicant for a period of: \_\_\_\_\_  
Months or Years
2. I have known or been associated with the applicant as his/her:  
 Supervisor     Colleague     Employer     Employee     Instructor     Other \_\_\_\_\_
3. Do you consider the applicant to be suitable for registration as a ABCFP limited licensee?  
 Yes     No     Acceptable with Reservation
4. If you answered **No** or **Acceptable with Reservation** in question three, please provide a brief but candid explanation (attach additional sheets if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification**

I recognize that under the *Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

\_\_\_\_\_  
Date | Signature of Reference

**Print and then sign**

# Confidential Character Reference (2)



An applicant applying for an ABCFP Special Permit - Limited License has asked that you provide a Confidential Character Reference. You may provide a Confidential Character Reference if you have known the applicant for more than six months and can attest to his/her character. You cannot supply a character reference if you are a family member or have completed a Confidential Work History Reference for this applicant.

Please be fair and honest when answering the questions on this form. Once you have completed this form, sign, date, stamp/seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant so that it can be included as part of the application package. Do not send it to the ABCFP directly. This may delay the application process. The information provided in this form is strictly confidential and for ABCFP use only.**

**Applicant:** \_\_\_\_\_  
Last Name | First Name

**Reference:** \_\_\_\_\_  
Last Name | First Name | Prof. Designation | Member # (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City | Province | Postal Code

\_\_\_\_\_  
Telephone | Extension | E-mail

1. I have known the applicant for a period of: \_\_\_\_\_  
Months or Years
2. I have known or been associated with the applicant as his/her:  
 Supervisor     Colleague     Employer     Employee     Instructor     Other \_\_\_\_\_
3. Do you consider the applicant to be suitable for registration as a ABCFP limited licensee?  
 Yes     No     Acceptable with Reservation
4. If you answered **No** or **Acceptable with Reservation** in question three, please provide a brief but candid explanation (attach additional sheets if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification**

I recognize that under the *Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

\_\_\_\_\_  
Date | Signature of Reference

**Print and then sign**