

Inspector Workshop Registration Form

All foresters who attend inspector training workshops must complete, sign and submit this form prior to workshop participation. Its primary purpose is to verify that trained inspectors meet the minimum requirements established by the American Tree Farm System (ATFS).

Date of workshop: _____ **Location:** _____

Workshop Facilitator(s): _____

Your Name: _____
Last Name
First Name
Middle Initial

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

E-mail address: _____ **Employer** _____

Daytime phone: _(_____) _____ **Fax:** _(_____) _____

Primary Inspection State _____

VERIFICATION OF ELIGIBILITY:

College/University	Program of Study (Major)	Degree(s)	Date(s)

I have been an Inspector since: _____

_____ I have already taken the certifier training course. I am here today to refresh my training.

New Inspectors must meet one of the following requirements:

_____ I graduated with a B.S. or higher forestry degree from a four-year program accredited by the Society of American Foresters.

_____ I graduated from a two-year forest technology program recognized by the Society of American Foresters.

_____ I am a practicing forester meeting the minimum educational requirements set by ATFS.

Your Signature: _____ **Date:** _____