DRAFT AS OF JANUARY 9, 2023

APPLICATION FOR A "SPECIAL PERMIT" LIMITED LICENSE TO PRACTICE "PROFESSIONAL FORESTRY" IN NEW BRUNSWICK

THIS PROCESS IS INTENDED ONLY FOR APPLICANTS THAT ARE WORKING TEMPORARILY IN THE PROVINCE, OR APPLICANTS THAT DO NOT MEET THE NORMAL EDUCATIONAL REQUIREMENTS TO BE A REGISTERED OR CERTIFIED MEMBER OF THE ASSOCIATION OF NEW BRUNSWICK FOREST PROFESSIONALS (ANBFP).

THIS "SPECIAL PERMIT" LIMITED LICENSE APPLICATION PROCESS WILL BE AVAILABLE FOR ONLY TWO YEARS AFTER "RIGHT TO PRACTICE" LEGISLATION IS ENACTED. THE PROCESS MAY BE FURTHER RESTRICTED AFTER THAT TIME.

ISSUANCE OF A "SPECIAL PERMIT" LIMITED LICENSE DOES <u>NOT</u> ENTITLE THE LICENSEE TO USE THE TITLE "REGISTERED PROFESSIONAL FORESTER (RPF)" NOR "CERTIFIED FOREST TECHNICIAN (CFT)".

ANY "SPECIAL PERMIT" LIMITED LICENSE ISSUED STRICTLY STATES AND LIMITS THE SCOPE OF "PROFESSIONAL FORESTRY" ABLE TO BE PRACTICED, GEOGRAPHIC LIMITATIONS, AND TIME PERIOD LIMITS IMPOSED.

ANY "SPECIAL PERMIT" LIMITED LICENSE ISSUED IS VALID EXCLUSIVELY IN NEW BRUNSWICK. IT HAS NO VALIDITY IN ANY OTHER JURISDICTION.

ANY APPLICANT FOR A "SPECIAL PERMIT" LIMITED LICENSE MUST HAVE AT LEAST 5 YEARS FORESTRY WORK OR TRAINING "EXPERIENCE". AT LEAST 2 OF THOSE YEARS MUST BE CURRENT (WITHIN THE LAST 5 YEARS). TIME SPENT TAKING FOREST-RELATED POST-SECONDARY EDUCATION QUALIFIES AS "EXPERIENCE".

The application must be submitted to the Registrar of the ANBFP along with the prescribed application fee. Once the Application is complete with all questions answered, it is promptly reviewed by the ANBFP Board of Examiners. Sponsors listed will be contacted to ensure they are familiar with and willing to sponsor the Applicant. A decision is promptly rendered.

Applicants will normally be required to successfully complete a training course or examination to confirm familiarity with local forest-related legislation and professionalism, integrity, and ethical standards. Continuing education or other measures to ensure maintaining competency may be prescribed.

Applicants who are not approved may appeal the decision by filing a Complaint (to the Registrar) that is supported by at least two ANBFP members.

Special Permit Limited Licenses approved by the Board of Examiners will be issued upon payment of all prescribed fees (application, examination, annual permit).

Application should include:

Contact information for the Applicant (including full name, home and business address, telephone #, email, etc):

Provide a brief description of Applicant's formal forest-related education (including schools, programs, diplomas earned, dates):

Provide a brief description of Applicant's forest-related work experience (including dates and employers):

Provide a detailed summary of the specific aspects of "professional forestry" the Applicant seeks to practice in New Brunswick (including employer):

Summarize the Applicant's experience, expertise, and competence regarding the aspects of "professional forestry" the Applicant seeks to practice in New Brunswick:

Provide details regarding the requested duration of the Special Permit Limited License being requested:

Provide names and contact information for two ANBFP members who are familiar with the Applicant's forest-related work/expertise and are willing to sponsor the Applicant:

Provide Sponsorship letters from each listed Sponsor indicating familiarity with the applicant and his/her work/expertise and indicating support/recommendation for special permit limited licensing, and a willingness to vouch for and/or supervise the applicant:

A voluntarily confidential declaration regarding any previous criminal convictions of the Applicant is requested (this information will be considered by the Board of Examiners but will not necessarily disqualify the Applicant):

A voluntary confidential declaration regarding any negative sanctions previously imposed on the Applicant by any forest-related regulating body in any jurisdiction is requested (this information will be considered by the Board of Examiners but will not necessarily disqualify the Applicant) The ANBFP will check with other relevant jurisdictions to confirm the Applicant has not been negatively sanctioned:

Provide confirmation the Applicant has reviewed and is willing to abide by the Code of Ethics of the ANBFP:

Provide any other relevant information that should be considered pertaining to this application:

Confirm that al	I the answers provided are accurate and truthful:
Name:	
Signature	2:
Date:	