

GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS

CONTINUING EDUCATION AUDIT REPORT

For the Two-Year CE Reporting Period Beginning January 1, 2013 and Ending December 31, 2015

PLEASE PRINT OR TYPE

Institute, Organization, Provider, or Agency Conducting Course	Title of Course or Description of Content	Dates Attended	Number of Total Hours Claimed	Documentation Attached √
Total Hours Claimed				

AFFIDAVIT

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Registered Forester

Sworn to and subscribed before me this ____ day of _____, 201__

Printed/Typed Name of Registered Forester

Notary Public _____

Daytime Telephone Number _____

Email Address: _____

License Number _____

NOTARY SEAL

Please return form and documents to

Georgia State Board of Registration For Foresters
237 Coliseum Drive, Macon, GA 31217; or
Fax to (866) 888-1176; or
Email to sstafford@sos.ga.gov

Board Contact Number: (478) 207-2440