



SECRETARY OF STATE APPLICATION FOR GEORGIA FORESTER REGISTRATION

GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS
237 Coliseum Drive - Macon, Georgia 31217 - (404) 424-9966

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Forestry in the State of Georgia. Visit the following web site for information:

<https://sos.ga.gov/georgia-state-board-registration-foresters>

****Important***

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application will be returned. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

APPLICATION CHECK LIST

PLEASE CHECK EACH ITEM as completed and/or included. This checklist will assist you in filing a completed application. You will be contacted if additional information is needed.

- All items on application must be either **typed or printed**. Application must be signed, dated, and notarized.
- \$120.00 nonrefundable application fee + \$10.00 processing fee = **\$130.00 enclosed**, payable to **Georgia State Board of Registration for Foresters**. Eff. January 1, 2009, the returned check fee will be \$40.00.
- Completed Employment Verification form (required for all applicants) for each employer listed for qualifying experience. Forms must be signed, dated, and notarized. All work experience must be earned subsequent to date of graduation. You may print as many additional forms as necessary.
- Letters of reference from five (5) persons. If applicant is a resident of Georgia, three (3) of these five must be Registered Foresters in the State of Georgia. **Do not use the names of current Board Members**. For endorsement applications, the three required Registered Foresters may be registered in the state in which the applicant is licensed and verification of their licensure must be attached to application. If the Board has a website and you can print this information, this will be acceptable. You may request additional forms or make legible copies. Have reference letters returned to you in a sealed envelope to be submitted with your application.
- The exam is administered by the Society of American Foresters (SAF) and the testing vendor is Schroeder Measurement Technologies Inc/Iso Quality Testing. You may take the exam at any time, but you must include a copy of your score report with this application.

- Official college or university transcript(s) showing SAF approved forestry degree and date awarded must accompany this application. **Request transcript(s) be sent to you in a sealed envelope.**
- Endorsement applicants must mail Verification of License form to State Board of original license. **It should be returned to you and submitted with your application.**
- Application must be returned in a 9 X 12 envelope, unstapled and unfolded.**
- Read Forestry Law, Rules, and Regulations.

APPLICATION FOR GEORGIA FORESTER REGISTRATION

Do not submit this application until you have completed work experience requirements. Refer to Georgia Law Code Section 12-6-49, Qualifications and Requirements for Registered Foresters, which is attached.

Do not submit this application until you have successfully completed the SAF examination and received the score report to include with the application.

THE GEORGIA FORESTERS APPLICATION INCLUDES THE FOLLOWING:

Application Form (4 pages)

Secure & Verifiable Documents List (2 pages)

Employment Verification Forms (2)

Reference Forms (5)

Transfer of Grades and Licensure Verification Forms. (For Endorsement Applicants Only)

Excerpts from Laws and Rules governing the practice of Forestry. Complete Law & Rules and Board meeting dates are available at the above web site.

FOR BOARD USE ONLY	
Amount	Submitted _____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate	Number _____
Date Issued	_____
Applicant No.	_____

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<https://sos.ga.gov/georgia-state-board-registration-foresters>

APPLICATION FOR GEORGIA FORESTER REGISTRATION
Application Fee \$120.00 + \$10.00 processing fee = \$130.00 (non-refundable)
 I am applying for Registration by Examination Reciprocity
PLEASE PRINT OR TYPE

1. Name as desired on License _____
 First Middle Last
2. Name as shown on Forester exam records or transcript. If different from above, attach copy of legal document reflecting name change.

 First Middle Last
3. Social Security Number* _____ -- --
 *This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001
5. Date of Birth _____
6. Physical Address _____
 Number and Street (P.O. Box not acceptable) Apt. No. City/State Zip
7. Mailing Address (if different than Street address) _____
 Street, P.O. Box Apt. No. City/State Zip
8. Telephone Number Day () _____ 8. Telephone Number Evening () _____
9. Present Employer _____
10. Business Address _____
 Number and Street City State Zip
11. E-mail address _____

REFERENCES

Give names and addresses of **five (5) references** (not relatives or Board members). If this is your initial license and you are a resident of Georgia, at least **three (3) of your references must be currently registered Georgia foresters** having personal knowledge of your character and professional reputation.

NAME	ADDRESS	POSITION

REGISTRATION IN OTHER STATES

Applicants who apply for endorsement must meet the requirements as defined in Rule 220-2-.03.

State Board of Registration of Original License		License Number	
Date of License	/ /		
Registered by Examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, how?
Is License now current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If not, why?
Other states where you are Licensed			

EDUCATION

List in chronological order the name and location of each college, university, or technical school attended, dates of attendance, date of graduation and degree awarded. The transcript must be in a sealed envelope from the college or university.

College or University	Location	Dates of Attendance	Graduation Date	Degree Awarded

WORK EXPERIENCE

All work experience must be earned subsequent to date of graduation. Describe work in detail. If employment was other than full time, specify. Begin with current or most recent work experience. Attach employment verification for each engagement. Attach additional sheet if necessary.

Employer				
Address				
Work address (if different)				
Immediate				
Current				
	No. and Street	City	State	Zip
Phone No.	()	Dates of Employment	FROM	TO
Position				

Duties:	

Employer	
----------	--

Address	
---------	--

Work address (if different)	
-----------------------------	--

Immediate	
-----------	--

Current	
---------	--

No. and Street

City

State

Zip

Phone No.	()	Dates of Employment	FROM		TO	
-----------	-----	---------------------	------	--	----	--

Position	
----------	--

Duties:	

Employer	
----------	--

Address	
---------	--

Work address (if different)	
-----------------------------	--

Immediate	
-----------	--

Current	
---------	--

No. and Street

City

State

Zip

Phone No.	()	Dates of Employment	FROM		TO	
-----------	-----	---------------------	------	--	----	--

Position	
----------	--

Duties:	

APPLICANT HISTORY

- 17. Have you ever had a license or certificate revoked or suspended or otherwise sanctioned by any Board or agency in Georgia or any other state?
 YES NO If YES, attach copy of order.
- 18. Were you ever denied issuance of or, pursuant to disciplinary proceeding, refused renewal of any license or certificate by any board or agency in Georgia or any other state?
 YES NO If YES, attach copy of order.
- 19. Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere, or a plea under the "First Offender Act?" DUI and DWI are not minor traffic offenses.
 YES NO If YES, attach a certified copy of conviction, plea or sanction.

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Registration for Foresters, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated below.**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board’s website at:

<https://sos.ga.gov/sites/default/files/forms/27%20Secure%20and%20Verifiable%20Documents%20Under%20O.C.G.A.%20%C2%A7%2050-36-2.pdf>

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Registration for Foresters and/or criminal prosecution.

STATE OF GEORGIA
COUNTY OF _____

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY OF _____,

PRINT NAME

NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

DATE

GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS

237 Coliseum Drive - Macon, Georgia 31217 - (404)-424-9966

<https://sos.ga.gov/georgia-state-board-registration-foresters>

EMPLOYMENT VERIFICATION

1. Name of Applicant			
-----------------------------	--	--	--

First

Middle

Last

2. Address			
-------------------	--	--	--

Street and No.

City

State

Zip

3. Firm Name			
---------------------	--	--	--

4. Address			
-------------------	--	--	--

Street and No.

City

State

Zip

5. Business Phone Number	()
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6. Immediate Supervisor			7. Title		
--------------------------------	--	--	-----------------	--	--

If Registered:	License #		State		Type of License	
-----------------------	------------------	--	--------------	--	------------------------	--

8. Job Title of Applicant					
----------------------------------	--	--	--	--	--

9. Full description of the kind of work performed. If more space is needed, include additional pages, and have each page signed by supervisor.

10. Principal Business of Firm					
---------------------------------------	--	--	--	--	--

11. Total Years Worked		12. Average Hours Worked Per Week	
-------------------------------	--	--	--

Full Time	
------------------	--

Part Time	
------------------	--

13. Exact Dates of Employment	FROM	/ /	TO	/ /
		(month, day, year)		(month, day, year)

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

Signature of Applicant

Date

I hereby certify that the information furnished by the Applicant in the certification above is accurate.

Name of Supervisor (PLEASE PRINT)

Signature of Supervisor as identified on item #6

Date

Subscribed and sworn to before me this

_____ Day of _____, 20 _____

Signature of Notary Public

My Commission Expires

NOTARY

Date

SEAL

IF SUPERVISOR WISHES TO MAKE ADDITIONAL COMMENTS REGARDING THE APPLICANT'S WORK PERFORMANCE, THESE SHOULD BE MAILED UNDER SEPARATE COVER DIRECTLY TO THE BOARD OFFICE.

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EMPLOYMENT VERIFICATION

1.	Name of Applicant	<small>First</small>	<small>Middle</small>	<small>Last</small>

2.	Address	<small>Street and No.</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

3.	Firm Name	
-----------	------------------	--

4.	Address	<small>Street and No.</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

5.	Business Phone Number	()
-----------	------------------------------	----------

6.	Immediate Supervisor		7.	Title	
If Registered:		License #	State	Type of License	

8.	Job Title of Applicant	
-----------	-------------------------------	--

9.	Full description of the kind of work performed. If more space is needed, include additional pages, and have each page signed by supervisor.
-----------	--

10.	Principal Business of Firm	
------------	-----------------------------------	--

11.	Total Years Worked		12.	Average Hours Worked Per Week	
------------	---------------------------	--	------------	--------------------------------------	--

<table border="1" style="display: inline-table; width: 150px;"> <tr> <td style="width: 100%;">Full Time</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Full Time			<table border="1" style="display: inline-table; width: 150px;"> <tr> <td style="width: 100%;">Part Time</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Part Time	
Full Time						
Part Time						

13.	Exact Dates of Employment	FROM	/ /	TO	/ /		
			<small>(month, day, year)</small>				<small>(month, day, year)</small>

I hereby solemnly swear under penalties of perjury that all the statements made by me (and the pages attached) are true and correct.

Signature of Applicant

Date

I hereby certify that the information furnished by the Applicant in the certification above is accurate.

Name of Supervisor (PLEASE PRINT)

Signature of Supervisor as identified on item #6

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Subscribed and sworn to before me this

_____ Day of _____, 20 _____

Signature of Notary Public

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NOTARY

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GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS

LETTER OF REFERENCE

The person whose name appears below has asked that you serve as a professional and/or character reference in connection with his/her application to become a Registered Forester in the State of Georgia. Please complete Section II.

Your endorsement will be treated as confidential. To insure its confidential nature, return this form directly to the applicant in a **sealed envelope**.

SECTION I (To be completed by applicant)

Name of Applicant				
	First	Middle	Last	
Address				
	Street and No.	City	State	Zip

PLEASE NOTE AND ANSWER QUESTIONS ON THE NEXT PAGE

SECTION II

Information Concerning _____

ANSWERS TO BE GIVEN FROM PERSONAL KNOWLEDGE ONLY

1. Your name (please print) _____
Address _____

Street and NumberCity/TownStateZip
2. What is your present business or profession? _____
3. Are you a forester? _____ Registered? _____ State _____ License No. _____

(if registered, please give State and License Number)
4. How long have you known the applicant? From _____ To _____ inclusive.
5. Are you in any way related to the applicant? _____
6. What has been your business connection with him/her? _____

7. Do you know anything reflecting adversely on his/her integrity or general good character? _____

8. What is his/her character, reputation, and standing in the community? _____

9. In your opinion, is he/she qualified to have responsible charge of Forestry work? _____

10. Would you employ the applicant in a position of trust? _____

11. If the applicant is connected with a firm, partnership, or corporation, please give its name and address

State position he/she fills _____
12. Is the applicant in responsible charge of Forestry work? _____

13. If the applicant is in individual practice, please indicate the nature of such practice _____

14. Do you recommend the applicant for registration as a Forester as requested in his/her application?

The undersigned certifies that the above statements, to the best of his/her knowledge and belief, are correct.

Date

Signature



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Address _____
 Street and Number City/Town State Zip
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- Are you a forester? _____ Registered? _____ State _____ License No. _____
(if registered, please give State and License Number)
- How long have you known the applicant? From _____ To _____ inclusive.
- Are you in any way related to the applicant? _____
- What has been your business connection with him/her? _____

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State position he/she fills _____
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	First	Middle	Last
Address			
	Street and No.	City	State Zip

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Information Concerning _____

ANSWERS TO BE GIVEN FROM PERSONAL KNOWLEDGE ONLY

1. Your name (please print) _____
 Address _____
Street and Number City/Town State Zip
2. What is your present business or profession? _____
3. Are you a forester? _____ Registered? _____ State _____ License No. _____
(if registered, please give State and License Number)
4. How long have you known the applicant? From _____ To _____ inclusive.
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Name of Applicant			
	First	Middle	Last
Address			
	Street and No.	City	State
			Zip

PLEASE NOTE AND ANSWER QUESTIONS ON THE NEXT PAGE



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SECTION I (To be completed by applicant)

Name of Applicant			
	First	Middle	Last
Address			
	Street and No.	City	State Zip

PLEASE NOTE AND ANSWER QUESTIONS ON THE NEXT PAGE

For Endorsement Applicants Only

(To be mailed by applicant to the State Board issuing original license where he/she sat for previous examinations)

To _____ State Board of _____

I am applying to the **GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS**
for Registration

This is my authorization to you to furnish the Georgia Board with all the information requested below. Upon completion of verification by the State Board, please return this form to applicant to be submitted with application.

Name of Applicant (type or print)

_____ **First** _____ **Middle** _____ **Last**

Address

_____ **No. and Street** _____ **City** _____ **State** _____ **Zip**

Signature of Applicant

Date

CERTIFICATION OF STATE

Our records indicate that the person named above:

1.	Was issued License Number	
	Original Date of Issuance	
	Current Expiration Date	

2.	Method of Licensure	
----	---------------------	--

Was applicant required to pass a written examination?

YES (If so, explain)

NO

Does applicant's file contain any information which may be a discredit?

YES (If so, explain)

NO

Signature _____

BOARD

State _____

SEAL

Title _____

Date _____

REQUIREMENTS FOR FORESTER EXAMINATION

LAW

12-6-49. Qualifications and requirements for registered foresters

- (a) The minimum qualifications and requirements for registration as a registered forester shall be as follows:
- (1) Graduation with a baccalaureate degree from a school, college, or department of forestry approved by the board, passage of a board approved examination after graduation, and a specific record of an additional two years' or more experience in forestry work of a character satisfactory to the board indicating that the applicant is competent to practice forestry. Such two years' experience need not be obtained on lands owned, leased, rented, or held by the applicant or by any person, corporation, agency, entity, or institution by which such applicant is employed, so long as the applicant works under supervision of a registered forester or under other supervision acceptable to the board; or
 - (2) Graduation from a school of forestry not approved by the board or completion of a curriculum approved by the board in which the applicant has acquired a minimum of 40 quarter hours' credit, or its equivalent, in forestry subjects, provided that such applicant may be licensed only after acquiring two years' experience of a character satisfactory to the board and under the supervision of a registered forester or under other supervision acceptable to the board, and only after passing a board approved examination; provided, however, that an applicant who graduates on or after July 1, 1993, from a school of forestry not approved by the board or who, on or after July 1, 1993, completes a curriculum approved by the board in which the applicant has acquired a minimum of 40 quarter hours' credit, or its equivalent, in forestry subjects, may be licensed only after completing three years' experience of a character satisfactory to the board and under the supervision of a registered forester or under other supervision acceptable to the board and only after passing a board approved examination.
- (b) The board shall issue licenses only to those applicants who meet the requirements of this Code section, provided that no person shall be eligible for registration as a registered forester who is not of good moral character and reputation.

It shall be the duty of the board by rule or regulation to define "supervision" and "experience" as used in this part, and in so doing the board shall consider and give effect to the directness, immediacy, scope, extent, quality, and constancy of such supervision, and, as to experience, the nature, quality, and extent thereof.

RULES

220-2-.02 Education.

- (1) A baccalaureate degree from a school, college, or department of forestry approved by the board, as provided in O.C.G. A. 12-6-49(a)(1), means the first professional degree in forestry at the bachelor's level or highest in a curriculum accredited by the Society of American Foresters.
- (2) The following applies to O.C.G. A. 12-6-49(a)(2):
 - (a) A degree from a school of forestry not approved by the Board, as provided in O.C.G.A.

§12-6-49(a)(2), means a baccalaureate degree from an educational institution which has applied to the Society of American foresters for accreditation and has certified that its forestry curriculum meets the minimum standards for objectives, curriculum, faculty, students, administration, parent-institution support, and physical resources and facilities required for accreditation.

(b) A curriculum approved by the Board, as provided in O.C.G.A. §12-6-49(a)(2), means a two-year associate degree in forest technology or the equivalent which is recognized by the Society of American Foresters as meeting or exceeding its minimum standards relating to objectives, curriculum, faculty, students, administration, parent-institution support, and physical resources and facilities.

(3) All applicants are required to furnish official copies of their college transcripts.

220-2-.04 Masters Degree as Equivalent of Experience. Amended. A masters degree with a concentration in Forestry over and beyond a Bachelor's Degree in Forestry shall be considered by the Board as equal to one year of forestry experience as contemplated in subparagraph (1) of Section 12-6-49(a).

220-2-.05 Experience for Registration. With reference to experience in the military service, because of the precise working of the law, such experience could not be acceptable as qualifying experience. The only exception to this would be where the military experience is forestry work.

220-2-.06 Qualifying Experience. Amended. All qualifying experience must be earned subsequent to the educational requirement as provided for in O.C.G.A. §12-6-49, or what the Board deems to be the equivalent thereof.