

**GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS
CONTINUING EDUCATION AUDIT REPORT**

For the Two-Year CE Reporting Period Beginning January 1, 2020 and Ending December 31, 2021

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

Printed/Typed Name of Registered Forester

Daytime Telephone Number _____

Email Address: _____

License Number _____

Please return form and documents to

Georgia State Board of Registration for Foresters
237 Coliseum Drive, Macon, GA 31217; or
Email to PLB-Trades1@sos.ga.gov

Board Contact Number: (404) 426 -9966