

GEORGIA STATE BOARD OF REGISTRATION FOR FORESTERS

EMPLOYMENT VERIFICATION

- 6. Principal Business of Firm: _____
- 7. Total Years Worked: _____
- 8. Average hours worked per week: _____
- 9. Full time: _____ Part time: _____
- 10. Exact dates of employment: From _____ To _____

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

Signature of Applicant: _____
Date: _____

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

Name of Supervisor (Please Print): _____
Signature of Supervisor as identified in #3: _____
Date: _____

If Supervisor wishes to make additional comments regarding the applicant's work performance, these should be emailed separately directly to the Board Office at PLB-Trades1@sos.ga.gov.

State of _____ County of _____
Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

Georgia requires a legible ink seal for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.