

Please mail or fax completed application form to:

Ontario Professional Foresters Association
5 Wesleyan Street, #201
Georgetown, ON L7G 2E2
L9S 1L5

Phone: 905-877-3679 Fax: 905-877-6766
Email: opfa@opfa.ca Website: www.opfa.ca



Have you held an OPFA Temporary permit or membership or permit previously?

- NO
 YES (if so, date of last occurrence _____)
 RENEWAL

Registered Professional Foresters (R.P.F.'s or ing.f), in good standing with the regulator of professional forestry in another province may apply for a temporary membership in the O.P.F.A. in order to legally practice professional forestry. Such membership is valid for a maximum of 3 months for the work and location (s) specified in the temporary membership and may be held for a maximum of 3 periods in a year or 9 in 10 years. The Registration Committee approval is required by the Act. It meets every 2 months. Meeting dates can be found on our website.

1. MR. MRS. MS. MISS DR. MALE FEMALE BIRTH DATE: _____

This above information is voluntary and for internal resources only of the OPFA.
The information will not be used or considered in connection with any decision regarding acceptance of the application

DATE OF APPLICATION: _____

LAST NAME: _____ GIVEN NAMES: _____

PREFERRED NAME: _____ E-MAIL: _____

RESIDENCE: _____ HOME NO. () _____

CITY: _____ FAX NO. () _____

PROV: _____ POSTAL CODE: _____ WORK NO. () _____

CELL No. () _____

2. I AM A MEMBER IN GOOD STANDING IN THESE PROFESSIONAL FORESTRY ASSOCIATIONS AND HAVE AUTHORIZED THEM TO CONFIRM MY GOOD STANDING:

1. _____ R.P.F. # _____

2. _____ R.P.F. # _____

3. I HAVE NOT HELD A TEMPORARY O.P.F.A. CERTIFICATE MORE THAN TWICE WITHIN THE PREVIOUS YEAR , NOR MORE THAN 9 TIMES IN THE PREVIOUS 10 YEARS.

4. Description:

A) Please provide a description of the project and the professional work you will be performing:

B) Dates Temporary Membership required:

From: _____ To: _____
YYYY/MM/DD YYYY/MM/DD

C) Will you be working in Ontario or dealing with Ontario forests remotely, or both?

D) Is any of the above information to be treated as commercially confidential?: If so, specify:

DECLARATION: A requirement for temporary membership in order to legally practice professional forestry relating to Ontario's crown land, private land or urban forests.

In lieu of writing the Ontario Forest Policy and Administration exam, a requirement, I declare that I have ensured that I have sufficient knowledge of all relevant legislation, standards and guidelines required in order to competently perform the work cited within all requirements.

Seal:

Signature

Date

You may submit this form electronically for consideration by the Registration Committee, but you should also mail a signed sealed original which must be received before the certificate is issued.

5. PAYMENT:
Temporary membership fees are \$125.00 per term. Please include payment for each quarter for which membership is required .

\$125.00 X _____ (quarters-3 max) = \$ _____

Cheque

Visa/MC # _____ Exp. _____

Name on card if different _____

SIGNATURE OF APPLICANT: _____

DATE: _____

Note: Providing false information is considered professional misconduct.