

ONTARIO
PROFESSIONAL
FORESTERS
ASSOCIATION

APPLICATION FORM TEMPORARY PERMIT

FOR OFFICE USE ONLY

APPROVED: _____

EFFECTIVE: _____

Please mail or fax completed application form to:

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

Phone: 905-877-3679 Fax: 905-877-6766
EMAIL: opfa@opfa.ca



Have you held an OPFA Temporary Permit previously?

NO

YES (if so, when) _____

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

LAST NAME: _____ GIVEN NAMES: _____

PREFERRED NAME: _____ E-MAIL: _____

RESIDENCE: _____ HOME NO. () _____

CITY _____ FAX NO. () _____

PROV. _____ CODE _____ WORK NO. () _____

2. MEMBERSHIP IN OTHER PROFESSIONAL FORESTRY ASSOCIATIONS:

1. _____ R.P.F. # _____

2. _____ R.P.F. # _____

3. Please state a brief description of the professional forestry work you will be performing in Ontario including the geographical region.

4. Dates Temporary Permit required:

From: _____

To: _____

5. PAYMENT:

Temporary Permit Fees are \$105.00 per quarter. Please include payment for each quarter Permit is required for up to 1 full year. (4 quarters)

\$105.00 X _____ (quarters) = \$ _____

Cheque

Visa # _____ Exp. _____

SIGNATURE OF APPLICANT: _____

DATE: _____