Instructions for Registration Form

1. Business Name: Name of your business here, including suffixes (i.e., LLC, Inc.)
2. Salutation: Mr., Mrs., Miss, Ms., etc.
3. First Name: Entire first name
4. Middle Initial: First letter of your middle name
5. Last Name: Entire last name
6. Suffix: Jr. Sr., III, etc.
7. Street Address: Building number and street of your business
8. Address Detail: Type the
9. P.O. Box number where mail is received
10. City: City
11. State: State
12. Zip code: Zip code
13. Email: Email address for your business
14. Phone: Telephone number of your business
15. Phone Ext.: Extension number, if applicable
16. Cell Phone: Personal or business cell phone number
17. Web Site: Web URL (web address) of your business

College or University
1. Name of a college or university where you graduated
2. Additional name of a college or university where you graduated
3. Additional name of a college or university where you graduated

Degree
1. Type of degree you received from the corresponding college or university (i.e., BA, BS, MS, PhD)
2. Additional type of degree you received from the corresponding college or university (if applicable)
3. Additional type of degree you received from the corresponding college or university (if applicable)

Major
1. Major area of study associated with the corresponding college or university and degree
2. Additional major area of study that associates with the corresponding college or university and degree (if applicable)
3. Additional major area of study that associates with the corresponding college or university and degree (if applicable)

Year
1. Year you graduated with the corresponding degree
2. Year you graduated with the additional degree (if applicable)
3. Year you graduated with the additional degree (if applicable)
Certifications
1. If you are a S.A.F. Certified Forester, type your identification number and enter date of your certification will be renewed.
2. If you are a Forest Stewardship Plan Writer (certified by the Michigan Department of Natural Resources), type your identification number and the date your certification will be renewed.
3. If you are a Technical Service Provider (registered by the USDA for forest management plan development) type your identification number the date your certification will be renewed.
4. If you are a registered forester (registered with the Michigan Department of Licensing and Regulatory Affairs) type your identification number and the date your certification will be renewed.

Insurance Carried
Check the box reflecting any insurance you carry. (Check all that apply.)

Affiliations and Memberships
Check the box reflecting your affiliations or memberships. (Check all that apply.)

Services Provided
Check the box reflecting any services you provide for landowners. (Check all that apply).
Note: If you offer pesticide application, you must include your Pesticide Applicator Business License number (PABL ID#).

Counties Served
Check the box for any county that you provide service. (Check all that apply.) Note: if you serve the entire state, check the box “All Counties.”

Attestation
If the information you have provided on this registration form is correct to the best of your knowledge click on the submit button. If the submit button does not open up your primary email account, save the completed form and send it as an attachment to MDARD-QFR@michigan.gov. Once your application has been submitted, MDARD will process your information and you will receive a confirmation letter that you have been registered.