



Special Permit: Limited Licence Application Package

July 2011

Become a Special Permit - Limited Licence Holder

Are You Eligible?

You must be a registered member with the Association of BC Forest Professionals (ABCFP) to practise professional forestry in BC. The ABCFP is the registering and regulatory body for BC's forest professionals, including Registered Professional Foresters (RPFs) and Registered Forest Technologists (RFTs).

The alternate route of entry granted the right to practice professional forestry on a restricted basis is through a Special Permit – Limited Licence. Refer to the flowchart below to determine if you are eligible.

The work specified in the limited licence application must fall within the practice of professional forestry.

Process Flowchart

Below is a process flowchart for granting limited licences to practice professional forestry individuals who do not have the training required of a Registered Professional Forester or a Registered Forest Technologist and where the applicant meets the conditions as set out in the ABCFP bylaws.

Step 1

According to Bylaw 5.18, The applicant must: a) be of good character and repute; b) have a science degree in a discipline and from a university program approved by council, a diploma from a college program or other academic qualification approved by council, or have other qualifications acceptable to council; and c) have five (5) years of experience in forestry work satisfactory to council. The experience requirement may include up to a maximum of three (3) years spent in obtaining post-secondary academic education acceptable to council. At least the last two (2) years' experience must have been gained from working within the area of the practice of professional forestry to which the limited licence is to apply, one (1) year of which must have been within British Columbia.

Step 2

The applicant must submit a completed application for a limited licence. The application must contain:

1. an accurate description of the work (duties and responsibilities) in the Intended Scope of Practice form which must be signed off by two (2) guarantors who are ABCFP registered members;
2. a sample work product to demonstrate the applicant has done and can successfully undertake the work described in the limited licence.
3. Two Confidential Work History References each of which must be signed off by an ABCFP registered member who is competent in the area of practice identified in the application for the limited licence and who can verify that the applicant has the skills and abilities required for the work described.

Two Confidential Character References who may not necessarily be ABCFP members, who can vouch for the applicant's character and are not family members.

Step 3

The application will be reviewed by ABCFP and a teleconference interview with the applicant and guarantors and/or a field review will be conducted to assess whether the applicant has skills and abilities to perform the work described in the intended scope of practice and/or draft limited licence.

Step 4

If the applicant qualifies for a limited licence and is not a registered member, an exam will be administered to test the applicant's understanding of professional obligations under the *Foresters Act* and ABCFP bylaws.

Step 5

If application is approved then applicant pays the fees and the limited licence is granted.

Application



This application package is for individuals applying for a limited licence to practice professional forestry. If you are unsure whether you qualify, refer to the Special Permit – Limited Licence process flowchart on the previous page or contact the registration department directly.

Forms Included in This Package

This package includes all the forms necessary to apply for a Special Permit-Limited Licence. Use the checklist provided on the next page to ensure your application is complete and accurate.

- Application for Membership
- Work History
- Indictable Offence Declaration
- Intended Scope of Practice
- Confidential Work History Reference (2)
- Confidential Character Reference (2)
- Application and Interview Fees

Mail your completed application to the registration department. Only hard copies will be accepted. Digital or faxed applications will not be accepted.

What's Next?

Once your application has been assessed by the board of examiners, the registration department will provide you with instructions on the next steps in the application process.

Questions?

Contact the registration department if you have any questions about the application process.

Registration Department
Association of BC Forest Professionals
330 - 321 Water St
Vancouver, BC V6B 1B8
Tel: 604.687.8027 Fax: 604.687.3264
E-mail: admissions@abcfp.ca

Applicant Checklist

This checklist will help you ensure your membership application is complete and accurate. Your application package must contain all forms together in one package. **DO NOT SUBMIT FORMS SEPARATELY**. Mail completed applications to the registration department. **FAXED OR DIGITAL FORMS WILL NOT BE ACCEPTED**.

1. Application Form

- Have you completed all three pages in full?
- Have you signed your Application Form?

2. Official Transcripts¹

A transcript or letter is **ONLY** official if it is an original document issued by the relevant academic institution, states that your degree or diploma has been conferred and is received by the ABCFP in its original sealed envelope. If you attended an academic institution outside Canada, you may be required to submit a comprehensive evaluation of your transcripts. Please contact the registration department for further guidance.

- Have you asked the academic institution to have your official transcripts for all relevant diplomas/degrees conferred to be sent directly to the ABCFP?

3. Work History or Up-to-date Resumé

- Have you included and signed your completed Work History or up-to-date resumé?
- Does it include all of your forestry related work and volunteer experience?

4. Indictable Offence Declaration

- Have you completed and signed your Indictable Offence Declaration?

5. Intended Scope of Practice

This form may be signed and sealed by two ABCFP registered members who have completed a Confidential Work History Reference on your behalf.

- Have you completed and signed your Intended Scope of Practice document?
- Has it been signed and sealed by two ABCFP registered members?

6. Confidential Work History Reference

This reference must be completed by two ABCFP registered members with direct knowledge of and who can attest to your qualifying work experience.

- Have you obtained two Confidential Work History References?
- Have they been sealed in an envelope and signed across the flap by your references?

7. Confidential Character References²

- Have you obtained two Confidential Character References?
- Have they been sealed in an envelope and signed across the flap by your references?

8. Work Sample

- Have you included a copy of a work sample which you authored/co-authored related to practice area(s) applied for?

9. Application & Membership Fees

Refer to the Fees page of the website.

- Have you enclosed your application and interview fees including all applicable taxes?

¹ Current ABCFP members are generally not required to complete this requirement if school transcripts have been submitted with previous membership applications; however, applicants must still submit corresponding transcripts for any recently-acquired degree/diploma particularly if it will be referred to in this application.

² Current ABCFP members are not required to complete this requirement.

Application Form



Personal Information

Legal Last Name	Legal First Name	Middle Name
Preferred First Name		
Salutation: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you of Aboriginal ancestry?(optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	
Place of Birth: _____ <small>country</small>	Date of Birth: _____ <small>(dd/mm/yy)</small>	
Citizenship: Are you a Canadian citizen or otherwise legally eligible to accept work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Business Address

Send correspondence to: Business Home

Title		
Organization Name		
Street Address	Mailing Address (if different)	
City	Province	Postal Code
()		()
Telephone	Extension	Fax
()		
Cellular	Business E-mail	

Home Address

Street Address		
Mailing Address (if different)		
City	Province	Postal Code
()	()	
Telephone	Cellular	
Home E-mail		

Memberships

1. Are you currently a member of the ABCFP?

Yes No

a. If yes, under which membership category?

RFT Other: _____

2. If you answered 'No' to question one, have you ever been a member of the ABCFP?

Yes No

b. If yes, under which membership category?

FIT FP TFT RFT

Other: _____

3. Are you a member of another professional organization?

Yes No

If yes, please specify:

Education History

List degrees/diplomas obtained starting with the most recent. Attach a separate sheet if additional space is required. Include all official transcripts with your application package.

1. _____
Institution Name

Province/State, Country

Program Name

2. _____
Institution Name

Province/State, Country

Program Name

3. _____
Institution Name

Province/State, Country

Program Name

4. _____
Institution Name

Province/State, Country

Program Name

Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the ABCFP to release a member's home address without their consent. The ABCFP publishes an online membership directory for its members (www.abcfp.ca). NOTE: The ABCFP's mailing list is not released to advertisers or any other outside parties. **I authorize the ABCFP to publish my:**

Business Address Both Addresses
 Home Address Neither Address

Certification

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by a false or fraudulent representation. I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my education and experience and if granted membership under the terms of the *Foresters Act* and the bylaws of the association, agree to abide by the terms of the *Foresters Act* and the association's bylaws (including the Code of Ethics and Standards of Professional Practice).

_____ Date

_____ Signature of Applicant

Application and Interview Fees

Your application package must include two separate payments, one for the application fee and the second for your interview fee. Your application fee covers the processing of your application and is non-refundable. You can pay your fees by cheque, MasterCard, Visa, or money order. Refer to the Fees page of our website.

Note: You will be invoiced for all applicable fees required for each step during the course of the application process. An applicant who will be required to go through any of these steps (technical work review and exam) will be invoiced accordingly. An applicant will be required to pay the permit and annual membership fees before the licence is granted.

Applicant's Last Name	First Name	Middle Name
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Fee payment options: Cheque or money order **Credit card information:** Visa
 Charge my credit card for the full amount MasterCard

Application fee enclosed: \$ _____

Interview fee enclosed: \$ _____

Credit Card Number	Expiry Date (mm/yy)
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Name on Card	Signature of Cardholder
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Work History



A Work History must be completed by all applicants for membership in the ABCFP. Provide a detailed account of all forestry related work and volunteer experience. Refer to the *Registration Policy* to determine minimum requirements for membership. Attach additional sheets if more space is required. Include this form with your membership application package.

Applicant: _____
Last Name First Name

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Work History

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Certification

I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that the foregoing is a true record of my work experience.

Date

Signature of Applicant

Indictable Offence Declaration



All applicants for membership in the ABCFP are required to complete an Indictable Offence Declaration. Once you have completed this form, include it with your membership application package. Once you have been granted membership in the ABCFP, you are also required to notify the ABCFP if your indictable offence status changes at any time while you are a member.

Bylaw 15 provides that council may direct that a member be removed from the register if he/she has been convicted of an indictable offence either in British Columbia or elsewhere.

Bylaw 15 reads as follows:

15.1. On conviction in British Columbia or elsewhere for an indictable or such other serious criminal offence, council may summarily;

15.1.1. Suspend or rescind the membership of a member so convicted; or

15.1.2. Place terms and restrictions on that member's continued membership as deemed appropriate by council given the individual circumstances of the case.

15.2. Council may reject an application for any applicant known to have been convicted in British Columbia or elsewhere for an indictable or such other serious criminal offence.

Last Name	First Name	Member #

Membership Type: _____

1. Have you been convicted of an indictable offence in Canada within the last 10 years?

YES NO

2. Have you been convicted of a serious offence in a country other than Canada within the past 10 years?

YES NO

3. If you answered YES to either question #1 or question #2 above, please provide the following information:

(a) Nature of offence: _____

(b) Year of conviction: _____

(c) Judicial district in which the judgment was rendered: _____

(d) A copy of the judgment rendered, if available: _____

Certification

I certify that the information given in this form and in any documents attached is correct, complete and provides full disclosure.

Signature of Member	Date

ABCFP Office Use Only
Received: _____

Confidential Work History Reference (1)



An applicant for an ABCFP Special Permit - Limited Licence has asked that you provide them with a Confidential Work History Reference. **To act as a reference, you must be an ABCFP registered member and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in the Work History detail you are providing.**

Once you have completed this form, sign, date, stamp, seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant** to be included in his/her application package. The information provided in this form is strictly confidential and for ABCFP use only. Do not send to the ABCFP directly. This may delay the application process.

Applicant:

_____ | _____
Last Name | First Name

Reference:

_____ | _____ | _____ | _____
Last Name | First Name | Prof. Designation | Member #

Title

Company Name

Street Address

_____ | _____ | _____
City | Province | Postal Code

(_____) | _____ | _____
Telephone | Extension | E-mail

Part A: Character and Repute

- I have known the applicant for a period of: _____
Months or Years
- I have known or been associated with the applicant as his/her:
 Supervisor Colleague
- Do you consider the applicant to be suitable for registration as a limited licensee in the practice areas described in the Intended Scope of Practice?
 Yes No Acceptable with Reservations
- If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation.

Part B: Work History Detail

A detailed account of the applicant's work history should be summarized in the Work History Detail below. The Work History Details section consists of four columns which must include the following information:

1. **Start and End Date:** Provide start and end dates for each Work History Detail you have provided.
2. **Employer and Location(s):** Provide the name of the applicant's employer and the location(s) where specific duties were performed.
3. **Position (job title or project name):** Provide the job title(s) or the name of the project(s) undertaken.
4. **Specific Duties Performed:** List specific duties the applicant has undertaken in each time period.

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Start (dd/mm/yy)	End (dd/mm/yy)	Employer & Location(s)	Position (job title/project name)
Specific Duties Performed			

Confidential Work History Reference (2)



An applicant for an ABCFP Special Permit - Limited Licence has asked that you provide them with a Confidential Work History Reference. **To act as a reference, you must be an ABCFP registered member and have direct knowledge of the applicant's work experience as a supervisor or colleague for the time period specified in the Work History detail you are providing.**

Once you have completed this form, sign, date, stamp, seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant** to be included in his/her application package. The information provided in this form is strictly confidential and for ABCFP use only. Do not send to the ABCFP directly. This may delay the application process.

Applicant:

Last Name

First Name

Reference:

Last Name

First Name

Prof. Designation

Member #

Title

Company Name

Street Address

City

()

Province

Postal Code

Telephone

Extension

E-mail

Part A: Character and Repute

- I have known the applicant for a period of: _____
Months or Years
- I have known or been associated with the applicant as his/her:
 Supervisor Colleague
- Do you consider the applicant to be suitable for registration as a limited licensee in the practice areas described in the Intended Scope of Practice?
 Yes No Acceptable with Reservations
- If you answered **No** or **Acceptable with Reservations** in question three, please provide a brief but candid explanation:

Confidential Character Reference (1)



An applicant for an ABCFP Special Permit - Limited Licence has asked that you provide him/her with a Confidential Character Reference. You may provide a Confidential Character Reference if you have known the applicant for more than six months and can attest to his/her character. You cannot supply a character reference if you are a family member or have completed a Confidential Work History Reference for this applicant.

Please be fair and honest when answering the questions on this form. Once you have completed this form, sign, date, stamp, seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant** to be included in his/her application package. Do not send it to the ABCFP directly. This may delay the application process. The information provided in this form is strictly confidential and for ABCFP use only.

Applicant: _____
 Last Name First Name

Reference: _____
 Last Name First Name Prof. Designation Member #
 (if applicable)

Street Address _____

City Province Postal Code
 ()

Telephone Extension E-mail

1. I have known the applicant for a period of: _____
 Months or Years

2. I have known or been associated with the applicant as his/her:
 Supervisor Colleague Employer Employee Instructor Other _____

3. Do you consider the applicant to be suitable for registration as a ABCFP limited licensee?
 Yes No Acceptable with Reservation

4. If you answered **No** or **Acceptable with Reservation** in question three, please provide a brief but candid explanation (attach additional sheets if necessary).

Certification

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by a false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

_____ Date

_____ Signature of Reference

Confidential Character Reference (2)



An applicant for an ABCFP Special Permit - Limited Licence has asked that you provide him/her with a Confidential Character Reference. You may provide a Confidential Character Reference if you have known the applicant for more than six months and can attest to his/her character. You cannot supply a character reference if you are a family member or have completed a Confidential Work History Reference for this applicant.

Please be fair and honest when answering the questions on this form. Once you have completed this form, sign, date, stamp, seal and enclose this form in an envelope with your signature across the back flap to ensure confidentiality. **Return the sealed envelope to the applicant** to be included in his/her application package. Do not send it to the ABCFP directly. This may delay the application process. The information provided in this form is strictly confidential and for ABCFP use only.

Applicant: _____
Last Name First Name

Reference: _____
Last Name First Name Prof. Designation Member #
(if applicable)

Street Address _____

City Province Postal Code
()

Telephone Extension E-mail

1. I have known the applicant for a period of: _____
Months or Years
2. I have known or been associated with the applicant as his/her:
 Supervisor Colleague Employer Employee Instructor Other _____
3. Do you consider the applicant to be suitable for registration as a ABCFP limited licensee?
 Yes No Acceptable with Reservation
4. If you answered **No** or **Acceptable with Reservation** in question three, please provide a brief but candid explanation (attach additional sheets if necessary).

Certification

I recognize that under the *Foresters Act* a person commits an offence if they apply for membership by a false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply for membership by false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

_____ Date

_____ Signature of Reference