

Personally identifiable information on this form is not intended for any purpose other than the Cooperating Forester program. Applications may be submitted at any time. Those received by November 1 will be included in the following year's printed directory. Annual renewals are due on November 1 of any calendar year.

**Please type or print. Complete both sides of this form.**

Name of Forestry Firm:
Name of Firm Representative:
Street or Route (if a PO Box, include a street address for parcel deliveries):
City, State, Zip Code:
E-mail Address:
Internet Home Page Address:

Rather than complete this form, renewing Cooperating Foresters may review, correct and sign the data sheet showing information currently on record at DNR.
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Telephone:
Fax Number:

Check the type of cooperating forester:

A. CONSULTING FORESTER

A forester who provides a variety of professional forestry services to and represents private landowners on a contract or fee basis that is paid by the landowner.

B. INDUSTRIAL FORESTER

A forester who, as part of his or her employment by a wood using industry, provides advice and assistance to private landowners to promote approved forest management practices.

**Foresters to be listed in the Directory and their Post Secondary Education:** Only foresters meeting the eligibility and annual continuing education requirements may be listed. See attached forestry degree requirement definition.

Name of Qualified Forester	Name of School	Type of Degree and Year Earned
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**Other Personnel you request to be listed in the Directory**

Name	Job Title
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**Organization Memberships you request to be listed in the Directory**

Professional Organization Memberships (e.g. Association of Consulting Foresters, Society of American Forester, Realtors Associations, Certified Tree Farm Inspector, etc.):

Non-Professional Resource Management Organizations (e.g. Wisconsin Woodland Owners Association, The Nature Conservancy, Sierra Club, etc.):

**Qualifications - You may attach a statement to be printed in the Directory of up to fifty words explaining qualifications or experience that identifies your firm.**

Qualification Statement Attached:  Yes  No

**Counties Where Your Services Are Offered**

Check each of the counties where you provide service:

1	ADAMS	19	FLORENCE	37	MARATHON	55	RUSK
2	ASHLAND	20	FOND DU LAC	38	MARINETTE	56	SAINT CROIX
3	BARRON	21	FOREST	39	MARQUETTE	57	SAUK
4	BAYFIELD	22	GRANT	40	MENOMINEE	58	SAWYER
5	BROWN	23	GREEN	41	MILWAUKEE	59	SHAWANO
6	BUFFALO	24	GREEN LAKE	42	MONROE	60	SHEBOYGAN
7	BURNETT	25	IOWA	43	OCONTO	61	TAYLOR
8	CALUMET	26	IRON	44	ONEIDA	62	TREMPELEAU
9	CHIPEWA	27	JACKSON	45	OUTAGAMIE	63	VERNON
10	CLARK	28	JEFFERSON	46	OZAUKEE	64	VILAS
11	COLUMBIA	29	JUNEAU	47	PEPIN	65	WALWORTH
12	CRAWFORD	30	KENOSHA	48	PIERCE	66	WASHBURN
13	DANE	31	KEWAUNEE	49	POLK	67	WASHINGTON
14	DODGE	32	LA CROSSE	50	PORTAGE	68	WAUKESHA
15	DOOR	33	LAFAYETTE	51	PRICE	69	WAUPACA
16	DOUGLAS	34	LANGLADE	52	RACINE	70	WAUSHARA
17	DUNN	35	LINCOLN	53	RICHLAND	71	WINNEBAGO
18	EAU CLAIRE	36	MANITOWOC	54	ROCK	72	WOOD

**Services you offer: Check only those services for which your firm is trained and qualified to offer.**

Check all that apply

- 1 Forest management plans
- 2 Timber sale setup, bidding and administration
- 3 Forest inventory and mapping
- 4 Appraisals - land, timber, damage or trespass
- 5 Site preparation with herbicides or mechanical equipment
- 6 Tree planting labor
- 7 Pesticide application
- 8 Timber stand improvement marking or labor
- 9 Christmas tree plantation management
- 10 Prescribed burning services
- 11 Road location and design
- 12 Logging engineering
- 13 Environmental impact studies
- 14 Expert testimony for litigation
- 15 Forest resource and economic studies
- 16 Recreation planning and assistance
- 17 Acquisition and sales of forest lands
- 18 Tax or accounting consultation
- 19 Arboriculture, urban and community forestry
- 20 Other (describe)

**Professional Liability Insurance**  
 My firm carries liability insurance:  
 YES /  NO (check one)

Note: Liability insurance is not required to be a Cooperating Forester. If you carry liability insurance, however, it will be noted in your Directory listing.

**Continuing Education Completed this Year** (Foresters are required to have attended at least 10 hours of professional training in the current year relevant to services provided by the Cooperator.)

Date	Course/Training Session	Sponsor	Hours

**Signature of Applicant or Firm Representative:** I certify that the information on this application is true and correct.

**Date:** \_\_\_\_\_