

# REGISTERED FOREST TECHNOLOGIST GUARANTOR FEEDBACK FORM



To act as a guarantor, you must have direct knowledge as a supervisor, mentor or colleague of the applicant's demonstrable competencies. Please complete the following confidential form and e-mail it directly to the ABCFP manager, registration: [cmalilay@abcfp.ca](mailto:cmalilay@abcfp.ca) If more space is required, guarantors should append a brief personal biography that includes reference to the attributes/experience that enable them to attest to the competencies of the applicant as checked off on the attached table. (Page 3)

## APPLICANT

**Last Name**

**First Name**

## GUARANTOR

**Last Name**

**First Name**

**Professional Designation**

**Professional Organization**

**Member Number**

**Title**

**Employer/Company Name**

**Street Address**

**City**

**Province/State**

**Postal Code**

**Country**

**Phone**

**Extension**

**Email**

## GUARANTOR BACKGROUND INFORMATION

## PART A: CHARACTER AND REPUTE

1. I have known the applicant for a period of:

Months / Years

I have known or been associated with the applicant as his/her:

Supervisor

Colleague

Other (explain)

a. I believe the applicant to be of good character and know of no reason that would suggest otherwise.

Yes

N/A

No (explain)

b. I am **Aware** **Not Aware** that the applicant has been subject to any criminal convictions or any civil indictable offenses or current charges that relate to the practice of professional forestry. (If aware please provide the nature of the offense(s)).

2. Based on my personal competence and my direct observation of him or her, I confirm that the applicant meets the Demonstrable Competencies/Performance Indicators to which I have attested (those that I have initialed) on the applicant's Self Assessment Matrix.

Yes

No

N/A

With Reservations

3. If you answered "No" or "With reservations" above, identify the deficiencies and provide a brief but candid explanation.

## PART B: CORE COMPETENCY SELF ASSESSMENT DETAIL

Guarantors must be able to confirm the applicant's demonstrable competencies and be prepared to provide professional endorsement to that confirmation. This includes completion of the endorsement by affixing the guarantor's signature and professional stamp or seal (if applicable) in appropriate areas of supporting documents provided by the applicant and on the accompanying check-off form. For more details, please refer to the Handbook for Applicants.

## PART C: CERTIFICATION OF THE DECLARATION FORM

I recognize that a person commits an offence if he/she applies for membership using false or fraudulent representation and that a person commits an offence who knowingly assists another person to apply using false or fraudulent representation. I therefore certify that the information provided in this form is true to the best of my knowledge and belief.

Signature

Date Signed