

## CHARACTER WITNESS FORM

### Instructions for Character Witnesses

**An applicant applying for membership with the OPFA has asked that you provide a character reference. You may provide a character reference if you are not related to the applicant and are:**

- 1) a Full, Associate, Non-Resident, Inactive or Life Member of the OPFA in good standing, or a member of another regulated profession in Canada in good standing with their regulatory body, who has known the applicant for at least 6 months (at least one of the two required character witnesses must fit into this category) or;
- 2) not a member of the OPFA but have known the applicant for at least 2 years.

Please complete all sections of this form and be fair and honest when answering the questions. The form must be signed and dated.

**The completed form must be submitted by the character witness directly to the OPFA office by email to [opfa@opfa.ca](mailto:opfa@opfa.ca) or by regular mail to the Ontario Professional Foresters Association, 201-5 Wesleyan Street, Georgetown, Ontario, L7G 2E2. Character Witness Forms submitted to the OPFA by the applicant cannot be accepted.**

The information provided in this form is strictly confidential and for OPFA use only during the application process. If the applicant does not apply for Full or Associate Membership within 1 year of the submission of this form, the information must be reconfirmed or resubmitted.

*Pursuant to Section 19 (2)(b) of the Professional Foresters Act 2000, the Registration Committee shall instruct the Registrar not to issue a certificate of registration where, in the opinion of the Committee the past conduct of the applicant affords reasonable grounds for believing that the applicant will not engage in the practice of professional forestry with honesty and integrity or in accordance with the law.*



## CHARACTER WITNESS FORM

### Applicant Information

Applicant's Name:

Last Name

First Name

### Character Witness Information

Name:

Last Name

First Name

Prof. Assoc., Member # (if appl.)

Job Title:

Employer / Company Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Email Address:

### Certification

1. I have known the applicant for a period of \_\_\_\_\_ years \_\_\_\_\_ months.  
I have known or been associated with the applicant as his/her:  
Supervisor      Colleague      Other (explain):
2. I believe the applicant to be of good character and know of no reason that would suggest otherwise.  
Yes      No (explain)
3. I am \_\_\_\_\_ aware / \_\_\_\_\_ not aware (tick one) that the applicant has been subject to any criminal convictions or any civil indictable offenses for which a pardon has not been granted, or current charges that relate to the practice of professional forestry. (If aware please provide the nature of the offense(s)):
4. Do you consider the applicant to be suitable for eventual registration as a Registered Professional Forester?      Yes      No      Acceptable with Reservation  
If you answered **No** or **Acceptable with Reservation** above, please provide a brief but candid explanation (attach additional sheets if necessary):

I recognize that under the *Professional Foresters Act 2000* a person commits an offence if he/she applies 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.

Signature of Witness:

Date: