

## Professional Ranger Certificate Application

Name \_\_\_\_\_  
(as you want it on your certificate)

SSN \_\_\_\_\_ Date \_\_\_\_\_ Check One: Sworn \_\_\_ Non-Sworn \_\_\_

Rank/Title \_\_\_\_\_

Dept. Name \_\_\_\_\_

Dept. Address \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Which address do you want information sent to: Work \_\_\_ or Home \_\_\_

Education (circle one) High School Associate Bachelors Graduate

Degrees Held \_\_\_\_\_ Major \_\_\_\_\_

Work Experience: Number of years with current department \_\_\_\_\_

Total number of years in Park Ranger related work \_\_\_\_\_

\_\_\_\_\_  
Agency Head/Designee (must be signed by your agency head/designee)

-----DO NOT WRITE BELOW LINE -----

Date Applied \_\_\_\_\_ Date Approved \_\_\_\_\_

Certificate Presented/Mailed \_\_\_\_\_ Review Signature \_\_\_\_\_

Mail packet with all documentation to:

John R. Byrd Sr. – Executive Director  
The Park Ranger Institute  
1401 Ned Moore Road  
Timberlake, NC 27583-8849