

REFERENCE FORM

BOARD OF REGISTRATION FOR FORESTERS

PO Box 1884, Jackson, MS 39215-1884

Phone: 601-359-6107

Fax: 601-359-6062

www.cfr.msstate.edu/borf

Applicant's Name_____

Your Name_____

Your Address_____

Your present business_____

Phone_____

Are you a licensed Registered Forester?_____State_____Number_____

ANSWERS TO BE GIVEN FROM PERSONAL KNOWLEDGE ONLY.

1. How long have you known the applicant? _____

2. Are you in any way related to the applicant?_____

3. What has been your business or working relationship with him/her?_____

4. Do you know anything reflecting adversely on his/her integrity or general good character?

If "yes", explain_____

5. What is his/her character, reputation and standing in the community?_____

6. What is your personal knowledge of professional forestry work the applicant has done?

Where?_____ How Long?_____

7. List any employment positions related to professional forestry that the candidate has performed, with which you are familiar. _____

8. Would you employ the applicant in a position of trust? _____ If "no" explain _____

9. If the applicant is connected with a firm, partnership, or corporation, please give the name and address _____

10. Is the applicant now engaged in professional forestry work? _____
Explain _____

11. If the applicant is in private practice, please indicate the nature of such practice.

12. Explain in your own words why you recommend the applicant for a license as a Registered Forester. _____

13. Does the applicant have a B. S. Degree in Forestry? _____

Date

Written Signature