

# MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS

P.O. Box 1884, Jackson, MS 39215-1884; (601)359-6107; [foresters@msborf.ms.gov](mailto:foresters@msborf.ms.gov); www.borf.ms.gov

## RECIPROCITY APPLICATION FOR REGISTERED FORESTER (\$50.00 fee required)

All applications for reciprocity registration must be made on this form and must be typewritten or printed. The \$50.00 fee must accompany this application, and both must be mailed to the MS Board of Registration for Foresters at the address above. Should the Board deny issuance of a registration to any applicant, **NO PORTION OF THE FEE WILL BE REFUNDED.** If an examination is required, applicants will be notified. Applicants should familiarize themselves with the Reciprocity provision of the Mississippi Law on the Board web site. Foresters Registration Act of 1977 Mississippi Code 1972, Annotated, Sections 73-36-1 through 73-36-37. 5/2020

### Applicant Information

Full Name Required: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*  
Last four digits of SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street/P.O. Box/Apartment Unit City State Zip Code*  
**MS County Only and only one can be listed (optional):** \_\_\_\_\_

Phone: \_\_\_\_\_ Email\* \_\_\_\_\_  
(\*Required for notifications sent by Board)

Work Information: Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street Address/P.O. Box/Suite City State Zip Code*

Have you ever been registered in Mississippi? \_\_\_\_\_ If yes, Registration Number: \_\_\_\_\_

Name of State granting current license: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Examination Required for registration? \_\_\_\_\_ (Y/N) Years of Forestry experience \_\_\_\_\_  
**A verification form is required by state board (See forms.)**

### NOTE: ATTACH COPY OF CURRENT STATE REGISTRATION

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a crime or disciplined by another registration board? YES  NO

If yes, explain: \_\_\_\_\_

### Education (BS required)

Name of College Institutions: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_

**NOTE: ATTACH COPY OF YOUR DIPLOMA OR SUBMIT AN OFFICIAL TRANSCRIPT TO THIS OFFICE.**

**Affidavit Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge and are made in good faith and I hereby agree to conform with the Code of Ethics set forth in Chapter 14 of the Rules and Regulations of this Board.*

*If this application leads to registration, I understand that false or misleading information in my application or record may result in disciplinary action.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
NOTARY

My commission expires: \_\_\_\_\_

(Affix official seal, if applicable)