

# 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

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

All applications for 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. See 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 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: \_\_\_\_\_

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 felony? 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.**

### References

Please list five (5) professional references, not relatives, at least (3) of whom are Registered Foresters having personal knowledge of your character and professional reputation. A Board Member cannot be used as a reference. (See Reference Forms)

Full Name: \_\_\_\_\_ Relationship/ Position: \_\_\_\_\_  
Company/ City: \_\_\_\_\_ RF#: \_\_\_\_\_

Full Name: _____ Company/ _____ City: _____	Relationship/ Position: _____  RF#: _____
Full Name: _____ Company/ _____ City: _____	Relationship/ Position: _____  RF#: _____
Full Name: _____ Company/ _____ City: _____	Relationship/ Position: _____  RF#: _____
Full Name: _____ Company/ _____ City: _____	Relationship/ Position: _____  RF#: _____

**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)