

VERIFICATION OF REGISTRATION FOR RECIPROCITY
(Must meet current state reciprocity agreement.)

APPLICANT: Complete form address information for verification of your registration in your home state and send to the verifying State Board. State Board should send form to: **MS Board of Registration for Foresters, P.O. Box 1884, Jackson, MS 39215-1884; foresters@msborf.ms.gov**

FROM: _____
Verifying State Board Name

Address

City State Zip Code

(PLEASE SUBMIT DIRECTLY TO MS BOARD OFFICE. DO NOT RETURN TO APPLICANT.)

APPLICANT: _____
Full Name

Address

City State Zip Code

Date of Birth: _____ Last four digits of SSN: _____

1. THE ABOVE-NAMED PERSON WAS LICENSED/REGISTERED AS:

FORESTER _____
RF Number Date Issued Expiration/Valid Until

Reciprocity agreement with our state? _____ (Y/N)

2. EXAMINATION:

Hours _____ Results _____ Cut-Off Score Used _____ Exam Date _____

3. Has applicant ever been disciplined by your board or is disciplinary action pending? _____ (Y/N) If yes, please supply full details of Board Action on reverse side of this form.

Signed by : _____ Title: _____

Date: _____
(If a fee is required, please notify applicant.) 5/2020

(Board Seal)