

## REFERENCE FORM 10/2020

Mississippi Board of Registration for Foresters  
P.O. Box 1884  
Jackson, MS 39215-1884  
(601)359-6107

Dear Sir/Madam:

APPLICANT: \_\_\_\_\_

The individual whose name is given above has applied to this Board for registration to practice FORESTRY in the State of Mississippi and has given your name as a reference. Your assistance will be of value to the profession; and the information will remain confidential within this Board.

*ANY PERSON COMPLETING THIS FORM WILL BE EXPECTED TO KNOW THE FOLLOWING:*

This Board is required by law to obtain evidence of the good character and qualifications of applicants for registration as foresters. Statements by responsible persons with actual personal knowledge of the applicant's character and qualifications will be filed by the Board for consideration as evidence in such knowledge.

The Board emphasizes that evidence submitted on this form should not be made for the mere purpose of aiding that applicant to be registered. The execution of this form by any person will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest. In giving your answers, consider that registration of foresters by the State of Mississippi are based on the following definitions given in Chapter 36, Title 73, Code of Mississippi 1977:

*REGISTERED FORESTER – a person who has been registered and licensed pursuant to this chapter.*

*PRACTICE OF FORESTRY – any professional forestry service, including but not limited to consultation, investigation, evaluation, valuation, planning, recommending silvicultural or harvesting practices or responsible supervision of any forestry activities in connection with any public or private lands wherein the public welfare and property are concerned or involved when such professional services require the application of forestry principles, knowledge and data.*

The Board cannot consider an applicant for registration or admit a candidate for examination until replies are obtained from these references. A prompt reply will expedite our handling of the applicant's request for registration. PLEASE SEAL THE ENVELOPE, SIGNING YOUR NAME ACROSS THE SEALED FLAP.

Sincerely,

**MISSISSIPPI Board of Registration for Foresters**

**REFERENCE FORM** (Before completing be sure to read the first page of this form.)

Applicant's Name: \_\_\_\_\_

**ANSWERS TO BE GIVEN FROM PERSONAL KNOWLEDGE ONLY.**

1. Are you a Registered Forester? \_\_\_\_\_ State: \_\_\_\_\_ Reg. No.: \_\_\_\_\_
2. I know this applicant: \_\_\_ very well \_\_\_ well \_\_\_ slightly \_\_\_ not at all
3. How long have you known the applicant? \_\_\_\_\_
4. Are you in any way related to the applicant? \_\_\_\_\_
5. Do you have personal knowledge of applicant's forestry work? \_\_\_\_\_
6. What has been your business or working relationship with applicant?  
\_\_\_\_\_
7. What is your personal knowledge of professional forestry work the applicant has done?  
\_\_\_\_\_  
Where? \_\_\_\_\_ How Long? \_\_\_\_\_
8. What is your opinion of the applicant's personal integrity and character? \_\_\_\_\_  
\_\_\_\_\_
9. What is the type and quality of performance of the applicant's forestry work? (If you have sufficient knowledge) \_\_\_\_\_
10. The Board is interested in the applicant's background and appreciates your evaluation of the applicant's proficiency in forestry related work. Considering the need to protect public health, safety and welfare, in my opinion this applicant would rank in professional competence and responsibility as \_\_\_ Qualified \_\_\_ Not Qualified \_\_\_ Needs additional experience \_\_\_ Do not have sufficient knowledge.
11. Would you employ applicant where their decisions would be final? \_\_\_\_\_
12. The Board would appreciate any additional or amplifying information regarding the applicant's experience, capabilities, and/or limitations (if any): \_\_\_\_\_  
\_\_\_\_\_
13. Based on the forestry definitions given, would you recommend the applicant for registration as a Registered Forester? \_\_\_ Comments: \_\_\_\_\_  
\_\_\_\_\_

*I certify that the above statements are correct to the best of my knowledge, not made for the purpose of aiding an unqualified applicant to become registered but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.*

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

Printed Name: \_\_\_\_\_ RF#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_