

MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS

P.O. Box 1884, Jackson, MS 39215-1884; (601)359-6107; 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. 4/2021

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 disciplined by another registration board? YES NO

If yes, which state and 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)