

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

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. 4/2021

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 registered in another state? YES NO

If yes, which state? : _____

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)