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

MSU STUDENT 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 or submitted to your professor prior to examination. Should the Board deny issuance of a registration to any applicant, NO PORTION OF THE FEE WILL BE REFUNDED. You are allowed two examination attempts per application, if both attempts result in failure you will be required to submit a new application at the expiration of six (6) months. Only currently enrolled students at MSU are eligible to apply using this form. All other applicants MUST apply through the Board Office. 4/2021

		Applicant Inf	ormation				
Full Name Required:	•			Date of Birth:			
·	Last	First	Middle Last four digits of SSN:				
iling Address:	Street/P.O. Box/Apartment Unit		City	State	Zip Code		
Phone:		Er	nail <u>*</u>				
Work		(*Required for notifications sent by Board)					
Information: Employer:	: Position/Title			Work Phone:			
Work Addre	ess:						
	Street Address/P	.O. Box/Suite		City	State Zip Code		
Are you a ci	itizen of the United States?	YES NO	no, are you a	uthorized to wor	YES k in the U.S.?	NO	
		Education (BS	required)				
Name of College Institutions:		Address:					
		Dograo Pa	Degree Received:				
Date of Gra	duation:	Degree ite					

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. Your professors can complete these forms. (See Student Reference Forms)

YOUR DEGREE HAS BEEN AWARDED YOU MUST SUBMIT TO THIS OFFICE TO COMPLETE YOUR

REGISTRATION.

Full Name:				Relationship/ Position:	
Company/ City:					
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Full Name: Company/				Relationship/ Position:	
City:				RF#:	
Full Name: Company/ City:				Relationship/ Position:	
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Full Name: Company/ City:				Relationship/ Position:	
				RF#:	
Full Name:				Relationship/ Position:	
Company/ City:				RF#: _	
		Affidavit Dis	sclaimer an	d Signature	
State of		_, County of			
		, being fir	rst duly sworn	n, deposes and says:	
(Applicant's I	-ull Name)				
				y knowledge and are made apter 14 of the Rules and R	
	tion leads to registra disciplinary action.	tion, I understand	l that false or	misleading information in n	ny application or record
Subscribed	l and sworn to be	fore me on this	S		
da	ay of	_(month),	(year)	(Signature of Applicar	nt)
da	ay of	_(month),	(year)	(Signature of Dean's	Representative*)
				(2.g. a.a. o o boar o	

*The signature of the Dean of Forestry or of the Dean's authorized representative, where an applicant is enrolled as a student, will be accepted in lieu of notarization.

NOTE: You must submit all required documentation to complete your application for registration as a Forester in the state of Mississippi with this Board.