

**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](mailto: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.) 9/2021

(Board Seal)