

APPLICATION FOR REGISTRATION  
MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS  
P. O. BOX 1884  
JACKSON, MS 39215-1884

INSTRUCTIONS

All persons seeking Mississippi registration pursuant to the Military Freedom Act (Miss. Code Ann. § 73-50-1) must complete the following application.

Where space on the form does not permit you to adequately provide your response, you may provide supplementary sheets of 8 ½ “ x 11” white paper. Each additional sheet shall be printed on one side only and must be signed and dated. Applications must be clearly typed in black ink.

Applications must be sworn to and subscribed before a Notary Public, or such other person authorized to administer the oath.

Your application must be accompanied by the required fee in the amount of Fifty and No/100 Dollars (\$50.00). This fee provides for your first examination and, if necessary, second examination at the expiration of six (6) months but no longer than twelve (12) months after the date of the applicant’s first examination, if applicable.

Upon completion, please mail your application, with all attachments and application fee, be mailed to Post Office Box 1884, Jackson, MS 39215-1844.

An application not properly completed, containing all required information, or accompanied by the required fee will be returned to the applicant with a statement specifying the reason(s) for the application’s return.

**REGISTRATION PURSUANT TO THE MILITARY FREEDOM ACT**

Applicants who seek Mississippi registration as a forester pursuant to the Military Freedom Act must be active members of the military, or the spouse or dependent of an active member of the military.

In addition, applicants must hold a current and valid license in good standing, in another state, in the practice of forestry, or an occupation with a similar scope of practice, for at least one (1) year; **OR** have worked in the practice of forestry, or in an occupation with a similar scope of practice, in another state that does issue a license or registration to regulate the occupation, for at least three (3) years; **OR**, have been awarded a military occupational specialty, completed a military program of training, completed testing or equivalent training and experience, and performed in the occupational specialty.

Applicants seeking Mississippi registration pursuant to the Military Freedom Act:

- 1) must not have committed any act in another state that would constitute grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed;
- 2) must not have surrendered a license because of negligence or intentional misconduct related to the applicant’s work in the occupation in the other state; and

- 3) must not have a complaint, allegation or investigation pending before an occupational licensing board or other board in another state that related to unprofessional conduct or an alleged crime.

**PART I. GENERAL INFORMATION**

Name: \_\_\_\_\_  
(Title) (First Name) (Middle Name) (Last Name)

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

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

Preferred Telephone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Business E-Mail \_\_\_\_\_

State of Residence: \_\_\_\_\_

Are you a United States citizen? Yes  No

If no, are you authorized to work in the United States? Yes  No

**PART II. REGISTRATION AND LICENSURE HISTORY**

Have you ever been licensed or registered as a forester in the state of Mississippi? Yes  No

If yes, provide the date of issuance: \_\_\_\_\_

Do you currently hold a valid license or registration in good standing in another state as a forester or an occupation having a similar scope of practice? Yes  No

If yes, identify the State: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_

Occupation/Practice Area: \_\_\_\_\_

Have you been awarded a military occupational specialty? Yes  No

If yes, identify the State: \_\_\_\_\_ Occupational Specialty: \_\_\_\_\_

In connection with the award of a military occupational specialty:

Identify and describe the Military Program of Training completed: \_\_\_\_\_

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Date of completion: \_\_\_\_\_

Identify and describe any additional training completed: \_\_\_\_\_

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Identify all testing taken, including dates, locations, and scores: \_\_\_\_\_

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Identify and describe all experience, including relevant dates: \_\_\_\_\_

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Have you worked as a forester or in an occupation having a similar scope of practice in a state that does not issue a license or registration to regulate the occupation? Yes  No

If yes, identify the Occupation or Practice Area: \_\_\_\_\_

State(s) \_\_\_\_\_

Dates during which you worked in the occupation in each State: \_\_\_\_\_

Have you ever been refused certification, licensure, registration, or renewal?

Yes  No  If yes, identify the State(s): \_\_\_\_\_

Agency or Organization: \_\_\_\_\_

Certificate, License, or Registration: \_\_\_\_\_

Date: \_\_\_\_\_ Stated Reason: \_\_\_\_\_

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Have you ever had a certification, license or registration revoked, suspended or otherwise been the subject of disciplinary action? Yes  No  If yes, identify the State(s): \_\_\_\_\_

Agency or Organization: \_\_\_\_\_

Certificate, License, or Registration: \_\_\_\_\_

Date: \_\_\_\_\_ Stated Reason: \_\_\_\_\_

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Have you ever surrendered a certification, license, or registration? Yes  No

If yes, identify the State(s): \_\_\_\_\_ Agency or Organization: \_\_\_\_\_

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Certificate, License, or Registration: \_\_\_\_\_

Date: \_\_\_\_\_ Stated Reason: \_\_\_\_\_

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Have you ever been the subject of a complaint, allegation or investigation filed with an occupational licensing board or other board in another state related to allegations of unprofessional conduct, negligence, intentional misconduct, or the commission of a crime? Yes  No

If yes, identify the State(s): \_\_\_\_\_

Agency, Licensing or Other Board: \_\_\_\_\_

Specific Allegations: \_\_\_\_\_

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Disposition: \_\_\_\_\_

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**PART III. AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

PERSONALLY, came and appeared before me, the undersigned Notary, the within named \_\_\_\_\_, and makes this, his/her statement and Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth herein are true and correct to the best of his/her knowledge:

1. I am over the age of twenty-one and am competent to testify as to all matters set forth herein.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth in this Application.
3. I understand that, in affixing my signature to this Application, I warrant that all statements made herein and on any attached sheets are true and correct to the best of my knowledge, information and belief.
4. I understand that, in affixing my signature to this Application, I acknowledge that I have read and understand the Military Freedom Act, Mississippi laws applicable to the practice of forestry, and the Administrative Rules of the Mississippi Board of Registration for Foresters.
5. I affirm I shall adhere to the Code of Ethics for the Registered Forester and all other requirements as set forth therein.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
AFFIANT/MILITARY APPLICANT

SWORN to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: