

MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS

PO Box 1884, Jackson, MS 39215-1884
Ph: 601-359-6107 Fax: 601-359-6062 www.cfr.msstate.edu/borf

APPLICATION FOR RECIPROCITY

All applications for reciprocity must be made on this form and must be typewritten or printed. The reciprocity fee is \$50.00 and must accompany this application and both must be filed with the Mississippi Board of Registration for Foresters, P O Box 1884, Jackson, MS 39215-1884.

Should the Board deny issuance of Reciprocity to any applicant, no portion of the fee will be refunded.

Applicants who wish to familiarize themselves with the Reciprocity provisions of the Mississippi law may read the Law on the Board Web Site at www.cfr.msstate.edu/borf.

1. General Information

Name _____
First Middle Last

Birthplace _____ Birth Date _____
City State Mo. Day Year

Residence Address _____
No. Street/Box City State Zip

Business Address _____
(Mailing) No. Street/Box City State Zip

Telephone _____
Residence Business Cell

E-Mail: (Please, print clearly) _____

Employer _____ Present Title _____

Social Security Number _____ Name of State granting current license _____
(Required by Miss. State Law)

License Number _____ Expiration Date _____ Examination Required _____
(Yes/No)

Note: please attach copy of current license

Forestry School/University from which you received your
B.S. _____
Date of Graduation _____

Note: Attach a photocopy of your diploma or transcript to this application.

Years of forestry experience _____

2. Code of Ethics

1. I will strive to be accurate in my knowledge of forestry and will disseminate this knowledge and speak out against the spreading of false or misleading statements concerning forestry.
2. I will advise only in a worthy and truthful manner, refraining from misleading or exaggerated statements concerning what I am prepared to perform.
3. When participating in a public or private fact-finding session, I will base my testimony on adequate knowledge of the subject, and will not withhold data in order to substantiate my point of view.
4. I will perform services of only the highest standards and with complete loyalty to my employer or client and will not voluntarily disclose information about the business affairs of my employer or client which the employer desired to keep confidential.
5. I will provide only the services for which I am qualified by experience or education, and, in practice, will not agree to deviate from accepted professional standards without first advising the employer or client of the expected consequences.
6. I will not obligate myself to a potential employer or client where I have a business interest which might influence my judgment concerning the activity I am expected to carry out.
7. I will not accept compensation for the same service from more than one employer or client without full disclosure and consent of all parties concerned.
8. I will engage or recommend other experts and specialists to forestry or related fields whenever my employer or client will be best served by such action, and will work cooperatively with them.
9. I will aid the Board in keeping persons, unqualified because of lack of good moral character or inadequate training, from being registered.
10. If I have evidence of violation of any of these canons by any Registered Forester, I will present the information to the State Board of Registration for Foresters.
11. I will obligate myself, without reservation, to utilize all of my forestry knowledge and experience for the use, benefit, and betterment of my fellow man and his environment.

3. Affidavit

STATE OF _____

County of _____

(Print Name) _____ Being first duly sworn deposes and says: I, the Applicant named in this application, has read the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the code of Ethics set forth in Section 2.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, in the year _____.

Signature
of Notary Public

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