

## STUDENT REFERENCE FORM

### MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS

BOX 9681, MISSISSIPPI STATE, MS 39762

Phone: 662-325-2772 Fax: 662-325-5500 E-mail: BORF@CFR.MSSTATE.EDU

**Applicant's Name** \_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Your Occupation \_\_\_\_\_

Are You a Registered Forester ( ) Yes ( ) No If yes What State \_\_\_\_\_ Reg. No. \_\_\_\_\_

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To the best of my knowledge this applicant meets all the requirements for becoming a Registered Forester in the State of MISSISSIPPI and upon graduation and passing of the required examination; I would recommend that he/she be considered for registration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Written Signature

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