

APPLICANT: Complete the shaded areas of this form and mail it to the verifying State Board with a stamped envelope addressed to: MS Board of Registration for Foresters, Post Office Box 1884, Jackson, MS 39215

VERIFICATION OF LICENSURE

TO: Mississippi Board of Registration for Foresters

FROM: (State Board Address)

State Board Responding: (Mail this directly to the MS Board office.)
DO NOT RETURN TO APPLICANT

APPLICANT: (Name & Address)

Date of Birth: _____ **Social Security Number:** _____ - _____ - _____

I. THE ABOVE NAMED PERSON WAS LICENSED/REGISTERED AS:

	<u>Licensed No.</u>	<u>Date Issued</u>	<u>Valid until</u>
FORESTER	_____	_____	_____

II. EXAMINATION

	Reciprocity	Yes _____	No _____
Hours	_____	Results	_____
Cut-Off Score Used	_____	Exam Date	_____

III. Has applicant ever been disciplined by your board or is disciplinary action pending? Yes or No
If yes, please supply full details of Board Action on reverse side of attach documentation.

Signed by: _____

Title: _____ (Board Seal)

Date: _____

PLEASE: If a fee is required, please notify the applicant, but DO NOT delay the processing of this form.