

MISSISSIPPI BOARD OF REGISTRATION FOR FORESTERS

Box 9681, Mississippi State, MS 39762

Ph: 662-325-2772 Fax: 662-325-5500 E-Mail: borf@cfr.msstate.edu

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, Box 9681, Mississippi State, MS 39762.

Should the Board deny issuance of a 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 review the Law on the Miss. Registration for Forester's web site. 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 E-Mail

Employer _____ Present Title _____

Social Security Number _____ Name of State currently licensed _____
(Required by Miss. State Law)

License Number _____ Ex. Date _____ Exam taken in state registered _____
Yes/No

Note: please attach copy of current license

Have you ever been registered in Mississippi _____ Registration Number _____

Forestry School from which you received your B.S. degree _____

Date of Graduation _____

Note: please attach copy of diploma or transcript

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) _____ 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 _____, 19____.

My commission expires: _____

Signature of Notary Public