

APPLICATION FOR CERTIFIED LOGGER

West Virginia Division of Forestry

(Certification Valid for 2 years starting July 1)

Name: _____ Telephone: () _____
Please Print or Type

Mailing Address: _____
Street or Route and Box Number

_____ Town or City State Zip

Social Security No: _____

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. Social security numbers are required by us for identity purposes. Failure to provide a SSN will result in your application being returned as incomplete. We have authority to solicit your social security number because of W.Va. Code §§19-1B-4,5 and/or 6.

Current Employer's Name
& Timber License Number: _____
(If self employed please list name of company)

I hereby certify that I have satisfactorily completed the following classes conducted or approved by the West Virginia Division of Forestry in:

Best Management Practices (BMP's) Place: _____

Date: _____

First Aid - Proof required (Attach copy Place: _____

of valid card or certificated - front & back) Date: _____

Chain-Saw and Tree-Felling Safety Place: _____

Date: _____



Signature Date

Enclose a check or a Money Order or \$150 made payable to "WVDOF".

For DOF use only
Check No: _____
Date: _____
Amount: _____
Date Approved: _____

Mail check and top copy of application to:

West Virginia Division of Forestry
1900 Kanawha Boulevard, East
Charleston WV 25305-0181
304-558-2788

Copy distribution: **Top**-WVDOF/ **Bottom**-Applicant