

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: _____ Email _____

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 new company or 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 of valid card or certificate - front & back) | Place: _____ |
| | Date: _____ |
| Chain-Saw and Tree-Felling Safety | Place: _____ |
| | Date: _____ |

_____ Signature Date

PRIVACY NOTICE: The WV Division of Forestry collects and processes certain personal information as needed for appropriate and customary business purposes. Personal information may be disclosed to other State agencies or third parties as necessary in the normal course of business or to comply with federal or state laws, including Freedom of Information Act requests. If you have questions

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

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

Mail check and top copy of application to:

West Virginia Division of Forestry
Logging Program
7 Players Club Dr.
Charleston WV 25311
304-558-2788 Option 3