

APPLICATION FOR RENEWAL OF CERTIFIED LOGGER

West Virginia Division of Forestry

(Certification Valid for 2 years starting July 1)

Current West Virginia Certified Logger No: _____

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

Home Address: _____
Street or Route and Box Number

_____ Town or City State Zip

Social Security No: _____ (Last 4 digits) 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 self employed please list name of company.

NOTICE: You must have a valid first aid card at the time of certification and each annual recertification. If your training expired during the past year, proof of retraining is required. Attach a copy of the valid first aid card (front and back) or certificate of training with this renewal form. Failure to do so may result in a delay in your recertification.

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 about our use of personal information, please contact us at 304-558-2788.

Signature Date

For DOF use only

Check No: _____

Date: _____

Amount: _____

Date Approved: _____

Enclose a check or Money Order for \$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**