

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	Place: _____
of valid card or certificate - front & back)	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 about our use of personal information, please contact us at 304-558-2788.

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 application to:

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