

CERTIFIED LOGGING COMPANY APPLICATION

Company Name _____

P.O. or Street Address: _____

City, State, Zip: _____

Total Number of Employees: _____

Total Number of "Trained Loggers": _____

LIST OF TRAINED LOGGERS

(attach sheet or make copy if additional room is needed)

Name

Certificate Number

LIST OF EMPLOYEES CURRENTLY ENROLLED IN PROFESSIONAL TIMBER HARVESTER PROGRAM

Name

Class

I certify that the above information is correct.

Submitted by: _____

Company Owner/Representative

A \$20.00 non-refundable application fee should accompany this form. A Certificate will be mailed upon receipt and verification.