

Volunteer Sawyer Certification Course Application

Type of certification requested—check either or both: Chain saw Crosscut saw

DATE OF COURSE: _____ COURSE LOCATION: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE ZIP CODE: _____

PHONE: _____ E-MAIL: _____

A.T. MAINTAINING CLUB: _____

A.T. maintainer? yes, section: _____ no

Are you interested in learning techniques for felling? yes no

Are you interested in techniques for the maintenance of chain saws? yes no

Are you interested in techniques for the maintenance of crosscut saws? yes no

Are you currently first-aid/CPR certified? yes no

New Certifications

Why do you want to be certified?

Do you have any previous chain saw experience? If so, please explain.

Recertifications

When were you previously certified (month/year)? _____ Certification expiration date: _____

Previous certification level: A—Apprentice B—Intermediate

Who was your instructor (name and agency affiliations)?

To what level were you previously certified (bucking with a size limit, bucking with no limit, felling)?

Was on the job training required?

If so, how many hours, and who was your supervisor?

Please complete this section. The cancellation fee is required to hold your spot in the class.

Sawyer certification courses are offered free of charge to A.T. maintainers. They are limited in size to ensure their effectiveness and often fill quickly. Because course costs are not reduced for those who sign up but do not attend, and because those slots could have been filled by others, *a \$65 cancellation fee will be assessed for those who do not attend without giving notice at least seven days in advance.* Please attach a \$65 check made payable to ATC or provide credit card information below.

- Check is attached. It will be cashed only if I do not attend this course without giving seven days advance notice.
- By my signature below, I authorize ATC to process a \$65 charge to my credit card only if I do not attend this course without giving seven days advance notice. I understand that this information will be used only for this purpose and will be destroyed after the course.

CARD NUMBER:

EXPIRATION DATE:

SIGNATURE:

DATE:

Please return this form to your local ATC Regional Office at the address below.

Please provide a copy of your sawyer certification card, if any.

ATC—NERO
P.O. Box 312
Lyme, NH 03768

ATC—MARO
P.O. Box 625
Boiling Springs, PA 17007

ATC—VARO
1280 North Main St.
Blacksburg, VA 24060

ATC—SORO
P.O. Box 2750
Asheville, NC 28802