



## *Volunteer Sawyer Certification Course Application*

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

DATE OF COURSE: \_\_\_\_\_ COURSE LOCATION: \_\_\_\_\_

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

DAYTIME TELEPHONE: \_\_\_\_\_ EVENING: \_\_\_\_\_

ARE YOU AN A.T. MAINTAINER? \_\_\_\_\_ A.T. MAINTAINING CLUB: \_\_\_\_\_

Are you interested in learning felling techniques?  yes  no

Are you interested in learning chain-saw maintenance techniques?  yes  no

Are you interested in learning crosscut maintenance techniques?  yes  no

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

### **New Certification**

Why do you want to be certified? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any previous chain-saw experience?  yes  no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Recertification** (Please provide a copy of your sawyer certification card.)

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?  Yes  No

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 at least seven days advance notice.* 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.*  
If I attend the workshop, my check should be:  shredded  returned to me  accepted as a donation to ATC to offset program expenses.

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 ATC Regional Office at the address below.**

ATC—NERO  
P.O. Box 312  
Lyme, NH 03768

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

ATC—VARO  
P.O. Box 174  
Blacksburg, VA 24063

ATC—SORO  
160 A Zillicoa Street  
Asheville, NC 28801