



# Backcountry Horsemen of California

## Saw Training and Certification Course Application

Class Date: \_\_\_\_\_

Class Location: \_\_\_\_\_

*Attending BCHC Saw Training and Certification Course does not guarantee certification. Certification cards will only be issued to those who exhibit safety, proficiency, and leadership using the saw.*

**Type of certification requested—check either or both:**

Initial Certification Chain saw \_\_\_\_\_ Crosscut saw \_\_\_\_\_

Recertification Chain saw \_\_\_\_\_ Crosscut saw \_\_\_\_\_

Are you an active BCHC Member? Yes \_\_\_\_\_ No \_\_\_\_\_

*The required course materials are MTDC Chain Saw and Crosscut Saw Training Course Student's Guidebook (99 pages) and for crosscut you will also need MTDC Saws That Sing (71 pages).*

These materials you must **download** via Internet link and **print** yourself.

**You must bring your own Personal Protective Equipment (PPE), Tools, and Saw.**

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_



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### SAFETY COURSES

**OSHA-required for saw certification. Please submit copies of your cards with application.**

CPR Certifying organization: \_\_\_\_\_ Certification expiration date: \_\_\_\_\_

First Aid Certifying organization: \_\_\_\_\_ Certification expiration date: \_\_\_\_\_

Blood Pathogen Certifying organization: \_\_\_\_\_ Certification expiration date: \_\_\_\_\_

### NEW CERTIFICATIONS

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

Do you have any previous saw experience? **Chain saw:** YES \_\_\_\_ NO \_\_\_\_ **Crosscut saw:** YES \_\_\_\_ NO \_\_\_\_  
*If yes, please describe below:*

Total seasons/years have you worked with a saw: \_\_\_\_\_

On federal lands: \_\_\_\_\_ On state lands: \_\_\_\_\_ On private lands: \_\_\_\_\_

### RECERTIFICATION – Chain saw

*Please attach a copy of your current sawyer certification card, if any.*

Who was your instructor (name and agency affiliation)? \_\_\_\_\_

Date of previous certification (month/year): \_\_\_\_\_ Certification expiration date: \_\_\_\_\_

Previous certification level: A \_\_\_\_ B \_\_\_\_ C \_\_\_\_

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

