



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 the Forest Service saw training Student Guidebook and Student Prework. For crosscut you will also need MTDC Saws That Sing. All available of the BCHC website

These materials you must **download** Via Internet link **print and** yourself. Just go to:

www.BCHCalifornia.org/programs/saw-program. Go to Saw Training and click Student / Public Files

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: _____

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: _____

NEW CERTIFICATIONS

Why do you want to be certified? _____

Do you have any previous saw experience? _____ Chain saw _____ Crosscut saw

If yes, please describe:

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)?

RECERTIFICATION – Crosscut 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)?

Mail to; Dan Chartier / BCHC Saw Program Manager

Email to: dr.outfittin53@gmail.com

COMMENTS/QUESTION