



# 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 **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: \_\_\_\_\_

## 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;** BCHC Saw Coordinator Michael Lewis 58331 Bailey Road, Anza, Ca 92539 **or**

Email to [stumblin155@gmail.com](mailto:stumblin155@gmail.com)

## COMMENTS/QUESTION

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