

# APPLICATION FOR RENEWAL OF CERTIFIED LOGGER

## West Virginia Division of Forestry

(Certification Valid for 2 years starting July 1)

Current West Virginia Certified Logger No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Please Print or Type

Home Address: \_\_\_\_\_  
Street or Route and Box Number

\_\_\_\_\_ Town or City State Zip

Social Security No: \_\_\_\_\_ (Last four digits)

Current Employer's Name  
& Timber License Number:

\_\_\_\_\_ If self employed please list name of company.



\_\_\_\_\_ Signature Date

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. Social security numbers are required by us for identity purposes. Failure to provide a SSN will result in your application being returned as incomplete. We have authority to solicit your social security number because of W.Va. Code §§19-1B-4,5 and/or 6.

**NOTICE** - Several different sources of First Aid training were accepted for initial certification. Some were valid for one year only. You must have a valid first aid card at the time of certification and each annual recertification. If your training expired during the past year, proof of retraining is required. Attach a copy of your certificate of training or both sides of a valid first aid card with this renewal form. Failure to do so may result in a delay in your recertification.

Enclose a check or a Money Order or \$150 made payable to "WVDOF".

For DOF use only  
Check No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

Mail check and top copy of application to:

**West Virginia Division of Forestry**  
**1900 Kanawha Boulevard, East**  
**Charleston WV 25305-0181**  
**304-558-2788**

Copy distribution: **Top**-WVDOF/ **Bottom**-Applicant