**NOMINATION FORM**

**REGION 4**

**C SAWYER CERTIFICATION SESSION**

NAME:

DATE:

FOREST/DISTRICT/ORGANIZATION/GROUP:

POSITION:

SUPERVISOR:

EMAIL/PHONE:

MAILING ADDRESS:

1. CURRENT CHAIN SAW CERTIFICATION LEVEL AND RESTRICTIONS:
2. DATE, LOCATION AND CERTIFIER OF YOUR MOST RECENT RECERTIFICATION:
3. NUMBER OF YEARS USING A CHAIN SAW AS PART OF EMPLOYMENT:
4. FOR WHAT PURPOSES AND HOW FREQUENTLY DO YOU USE A CHAIN SAW AS PART OF YOUR PRESENT POSITION:
5. IF YOU HAVE INSTRUCTED OTHERS FOR CHAIN SAW USE, DESCRIBE:
6. HAVE YOU TAKEN 1ST AID CPR TRAINING WITH IN THE PAST 2 YEARS AND POSSESS A CERTIFICATION CARD: