

Saw Training and Certification Course Application

Attending PCTA's 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 PCT volunteer? 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).

How would you like to receive a copy of these materials?

Print via mail Via Internet link to download and print yourself

Will you be bringing your own tools and equipment or using those provided by the instructor?

Bring my own tools and equipment Using supplied tools and equipment

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)?

COMMENTS/QUESTIONS
