



Certified Master Logger Program – Application Form

Minimum requirements for application

The following requirements must be met for your application to be considered:

1. Logging firm must follow certification standards on all harvest operations and agree to provide access and paperwork to certification auditors and the Master Logger Office.
2. Logging firm owners that are actively engaged on the harvest sites must have a current Kentucky or Tennessee Master Logger card.
3. The logging firm owners or employees can not be designated as bad actors by the Kentucky Forest Conservation Act.
4. Logging firm must not be in violation of federal, state, and local laws.

Instructions

1. Please fill out the business information table below.
2. Sign this form at the bottom of the page.
3. Fill out owner information on the following page.
4. SEND to the Kentucky Master Logger Office whose address is provided to the right of this paragraph.

Kentucky Master Logger Office
 Department of Forestry
 University of Kentucky
 Lexington, KY 40546-0073
 Voice/FAX Phone: 859-257-6230

Business Information	
Logging Business Name _____	
Type of Business ___ partnership ___ LLC ___ Corporation ___ sole proprietor	
Current Number of Employees _____	
Address _____ _____	
Phone _____	City _____
Fax _____	State _____
Date _____	Zip _____
	County _____

PLEASE READ AND SIGN BELOW. The Certified Logging Program is a voluntary certification program for loggers. Logging businesses (including individuals in the business of logging) that are applying for certification acknowledge that they meet the programs minimum requirements for application. The business agrees to abide by the certification standard, agrees to certification audits, and abides by the findings of the certification committee that authorizes or rejects final certification for each logging business. As this is a voluntary program a logging business can remove itself from the certified program at any time and certification can be removed by the certification committee at any time. The application is required for initial certification in 2007 as part of the pilot program. Reapplication at the appropriate time will be required to be maintained in the certification program beyond the pilot. The logging firm further agrees to not hold liable and in any way hold responsible financial or otherwise the certification program, Kentucky Master Logger Program or its partners, the University of Kentucky Department of Forestry, Kentucky Division of Forestry, or the Kentucky Forest Industries Association or any of the individuals involved in the certification process or its development.

Signature of Business Owner _____ **Date** _____



Certified Master Logger Program[®]

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Owner information

Please fill in all information for every legal owner of the business. All information must be included for this application to be processed. **Please indicate (check) the owner that will be the main contact for certification purposes by checking the appropriate box next to their first name.** Please use additional sheets to include all owner's names.

<input type="checkbox"/>	_____	_____
	<i>First Name</i>	<i>Last name</i>
	_____	_____
	<i>Signature and date</i>	<i>Phone number</i>
<input type="checkbox"/>	_____	_____
	<i>First Name</i>	<i>Last name</i>
	_____	_____
	<i>Signature and date</i>	<i>Phone number</i>
<input type="checkbox"/>	_____	_____
	<i>First Name</i>	<i>Last name</i>
	_____	_____
	<i>Signature and date</i>	<i>Phone number</i>
<input type="checkbox"/>	_____	_____
	<i>First Name</i>	<i>Last name</i>
	_____	_____
	<i>Signature and date</i>	<i>Phone number</i>