



MASTER LOGGING

CERTIFICATION APPLICATION FORM

Company Name _____

Logger Name (please print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Driver's License Number _____

County _____ Timber Buying Area _____

I hereby certify the following to be true: Please provide copies of training certificates and other documents.

Yes No OFA Membership current? If not, submit \$250 payable to OFA for contractor membership.

Yes No Loggers Chapter membership current? If not, contact your local chapter.

Yes No 8 hours Best Management Practices (BMP) completed.

Yes No Completed recent first aid/cpr class? Enclose copy of card (online courses not accepted).

Yes No Completed 8 hour Chainsaw Level I safety training.

Yes No We are willing to make liability insurance available upon request by landowner.

Yes No Company is covered by Workers Compensation Insurance. Attach copy of current certificate.

Yes No I permit the Logging Standards Council (LSC) Inspectors to review all aspects of operation performed by this company. Denial of such inspections could result in decertification.

If accepted into the Ohio Master Logging Company Program, this company agrees to the conditions of certification as set forth by the OFA Logging Standard Council. I am aware of the conditions of the OFA program and agree to all, including the consequences of having the company revoked if we willfully neglect to meet the requirements.

Signature _____

Date _____

Send all documentation to: Ohio Forestry Association, Inc.
507 Main Street, Suite 200
Zanesville, OH 43701
Phone: 888-388-7337
Fax: 740-297-4153

OFFICE USE ONLY

Certification approved _____ Date _____ Certification # _____ Expiration _____

Certification denied _____ Reason _____