

SCALING REFRESHER COURSE APPLICATION

1. Name (in full): _____
2. Address: _____

3. Email: _____
4. Phone: _____
5. Employer: _____
6. License #: _____
7. License obtained: Sawlog ____ Stacked Wood ____ All Primary Wood products ____
8. Are you a full-time scaler? Yes ____ No ____
9. Does your position require you to scale part time? Yes ____ No ____
10. Do you scale only occasionally ____ or not at all ____
11. Give a brief outline of your scaling experience: _____

I declare the above information to be true.

Signature _____ Date _____

Enclosed is my cheque __, money order __ for the course fee (see website for current fee schedule) made payable to the Department of Natural Resources and Renewables.

Return to: Department of Natural Resources and Renewables
Scaling Program
PO Box 68, Truro
B2N 0G9

Or

Email: sean.power@novascotia.ca