

## BCHO Saw Certification Entry Form

<b>Name of Sawyer</b> (Last, First)	
<b>BCHO Chapter</b>	
<b>Certification Level</b> (A, B, C)	
<b>Certification Type</b> (chain, crosscut, both)	
<b>Restrictions</b> (if any)	
<b>Certification Date</b> (MM/DD/YY)	
<b>Certification Expiration Date</b> (MM/DD/YY)	6/30/
<b>Name of Certifier</b> (your name)	
<b>Sawyer's Email</b>	
<b>Date of Birth</b> MM/DD/YY	
<b>Sawyer's Phone</b>	
<b>Sawyer's Street Address</b>	
<b>Sawyer's City</b>	
<b>Sawyer's State</b>	OR
<b>Sawyer's Zip Code</b>	

Email this completed form to: Bert Morris, BCHO Saw Program Lead at **mormmules@gmail.com**

or postal mail paper copy to **38733 Conser Rd NE, Albany, OR 97321**.

Also send scanned copy or mail original of signed sawyer evaluation form to Bert.