

SAWW – Safety and Woods Worker Training

Certified Trainer Application

Name: _____
Last First Middle Initial

Business Name: _____
(if applicable)

Address: _____

City State Zip Code

Phone: _____ **Cell:** _____

Fax: _____ **Email:** _____

Ins. Policy #: _____ **Company:** _____

Certification Requirements:

- Complete the SAWW Training Certified Trainer application
- Complete a minimum of 1000 hours of chainsaw operating experience
- Complete SAWW Training Levels One through Four (or equivalent training)
- Participate in a day-long one-on-one training session with a Certified SAWW Trainer
- Conduct at least two different levels of SAWW Training under the observation of a Certified SAWW Trainer
- Receive approval from the SAWW Certifying Board
- Provide proof of liability insurance
- Pay the annual fee (The annual fee is \$1,000 and is due in quarterly installments after certification)

Mail completed application to: SAWW Training Program
695 Way Dam Road
Crystal Falls, MI 49920

Print Name: _____ **Signature:** _____ **Date:** _____

If you have any questions, comments, or concerns, please contact us at:

Phone: 906-367-0777

E-mail: info@sawwtraining.com

Web: www.sawwtraining.com



SAFETY AND WOODS WORKER TRAINING