## SAW EXPERIENCE BACKGROUND (Rev. 4-13)

Name:	
Signature:	Date:
Agency (Forest & District)/Organization	on;
	CHAINSAW
Formal training:	
Completed S-212 ("Wildland F	Fire Chain Saws"): Yes / No
Completed MTDC Chain Saw	
	en, by what agency):
, , , , ,	
Number of seasons you have operated	a chainsaw:
CR	OSSCUT SAWS
Formal training:	
	aw Training Course: Yes / No
	en, by what agency):
``	
Number of seasons you have operated	a crosscut saw:Max. size:
Average size of logs/trees you buck: _	Max. size:
Species of trees:	oucked:Max. size:
Percentage of trees felled rather than b	oucked: Max. size:
	•
Briefly describe your crosscut saw exp	perience:
Describe formal crosscut training you certified):	have given (no. of students, length of course, levels
At what level of competency do you for each category):	feel you are presently working? (Choose only one
BUCKING: A-B-C	FELLING: A-B-C
SAl	FETY COURSES
CPR - Card expiration date:	Certifying organization: Certifying organization:
First Aid - Card expiration date:	Certifying organization:
Hazard Tree Awareness Program - D	ate last viewed: