

BCHW Saw Certification Class Data Entry Form

1. CE's need to fill out this form only if the sawyer does not register online.
2. Sawyer info in **red**.
3. **Review all entries for legibility PLEASE!!**
4. Snail mail this completed form and original of signed sawyer evaluation form to: Tony Karniss, 829 Centralia Alpha Rd, Chehalis, WA 98532-9516
Or email them to: Tony Karniss at: tkarniss@gmail.com

Name of Sawyer (Last, First)	
BCHW Chapter or another Volunteer Group	
Certification Type (chain, crosscut, both)	
Certification Date (MM/DD/YY)	
Sawyer's Email Readable	
	PLEASE PRINT LEGIBLY!!
Sawyer's Phone	
Sawyer's Street Address	
Sawyer's City	
Sawyer's State	
Sawyer's Zip Code	
Certification Level (A, B, C)	
Certification Expiration Date (MM/DD/YY) 3 yrs. from the certification date	
Name of Certifier	

