

Kentucky Master Logger Reciprocity Application Form

KML Office Use		KML-6		
Date Received				
Received From				
Approved	YES	NO		

This form is to be filled out by the individual who has successfully completed a corresponding and KML office approved logger education program in their state. The program in question must be similar in content to the Kentucky Master Logger 3-day program. Once we receive and approve your application, you will be sent your Kentucky Master Logger Designation Card and information regarding Kentucky Laws and Regulations, OSHA and safety regulations and Best Management Practice information and requirements. All information requested on this form must be filled out in order to receive your Kentucky Master Logger Designaton Card.

Name:			
First	M.I.	Last	
Street Address and/or P.O. Box:			
City:	State:	Zip:	
Telephone:			
County of Residence:			
Email Address:			
State from which applicant has received l	ogger certification and training: _		
Date of certification or when training was	s complete:		
Certification or I.D. Number:		(if available)	
Signature:		Date:	
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APPLICATION FEE: \$50.00 PER PERSON (Make checks payable to: Kentucky Master Logger)

Mail check with completed form and proof of course attendence or graduation to:

Kentucky Master Logger Office U.K. Dept. of Forestry & Natural Resources 222 T. P. Cooper Bldg. Lexington, KY. 40546-0073 For questions or concerns contact the KML Office at:

Logger Hotline: 800-859-6006 KML Office: 859-257-6230

KML Website: www.masterlogger.org

Email: kml@uky.edu

Kentucky Master Logger Partners





Kentucky Forest Industries Association



Kentucky Division of Forestry