



REFRESHER COURSE APPLICATION

1. Name (in full) : _____
2. Address : _____
County : _____ Postal Code : _____
3. Phone : _____
4. Employer : _____
5. License # : _____
6. License obtained: Sawlog ___ Stacked Wood ___ All Primary Wood products ___
7. Are you a full-time scaler? Yes ___ No ___
8. Does your position require you to scale part time? Yes ___ No ___
9. Do you scale only occasionally ___ or not at all ___
10. Give a brief outline of your scaling experience: _____

11. I declare the above information to be true.
Signature _____ Date _____

Enclosed is my cheque __, money order __ for the course fee (see website for current fee schedule) made payable to the Department of Natural Resources and Renewables.

Return to: Department of Natural Resources and Renewables
Scaling Program
PO Box 68, Truro
B2N 5B8

Or [Email](#)