



APPLICATION TO SCALING SCHOOL

1. Name (in full): _____
2. Address: _____
County: _____ Postal Code: _____
3. Phone: _____
4. E-mail: _____
5. Do you have previous scaling experience? Yes ___ No ___
If you answer No, skip to question 7.
6. Amount of logs scaled to date: _____ (please indicate Mfbm, solid cubic metres, or tonnes).

Amount of stacked wood scaled to date: _____ (please indicate cords, stacked cubic metres, or tonnes).
7. Please check off the type of license you wish to obtain:
(a) Stacked Wood ___ (b) Sawlogs ___ (c) All Primary Wood Products ___

I hereby apply for entry in the 20__ (year) scaling school and if accepted fully intend to attend unless prevented from doing so by circumstances beyond my control. Enclosed is my cheque or money order for the course fee made payable to the Department of Natural Resources and Renewables.

Signature _____ Date _____

Enclosed is my cheque ~ or money order ~ for the course fee made payable to the Department of Natural Resources.

Return to: Nova Scotia Department of Natural Resources
Scaling Program
15 Arlington Place, Suite 7, 2nd Floor
Truro, NS
B2N 0G9

Or [EMAIL](#)