



Idaho Board of Scaling Practices
3780 Industrial Avenue South
Coeur d'Alene, Idaho, 83815

E-mail: stibsp@ibsp.idaho.gov
Telephone: (208) 769-1445
Fax: (208) 769-1524

LOG SCALER LICENSE APPLICATION FORM

PERSONAL DATA

Name: _____
(Last) (First) (Middle or Middle Initial)

Residency Address: _____
(Street) (City) (State) (ZIP Code)

Mailing Address: _____
(if different than above) (Street or P.O. Box) (City) (State) (ZIP Code)

Telephone Number: () **Date of Birth:** _____

Have You Ever Been Convicted of a Felony? _____
(If your answer is yes, please give details on a separate sheet.)

EDUCATION BACKGROUND *(list most recent first)*

<u>School Name, City, and State</u>	<u>Dates Attended</u>	<u>Highest Year Completed or Diploma/Degree</u>

WORK EXPERIENCE

Your Current Place of Business: _____

Mailing Address: _____
(Street or P.O. Box) (City) (State) (ZIP Code)

Telephone Number: () **Date of Hire:** _____ **Your Title or Position:** _____

PREVIOUS SCALING EXPERIENCE *(list most recent first)*

<u>Employer</u>	<u>Address</u>	<u>Period of Employment</u>	
		<u>From</u>	<u>To</u>

PREVIOUS NON-SCALING EXPERIENCE *(list most recent first)*

<u>Employer</u>	<u>Address</u>	<u>Period of Employment</u>	
		<u>From</u>	<u>To</u>

(REFERENCES, SIGNATURE, AND NOTARIZATION MUST ALSO BE COMPLETED ON REVERSE SIDE)

REFERENCES *(three required)*

I, _____, of _____
(Name) (Address)
_____, have been acquainted with the named applicant for _____.

I have found him/her to be trustworthy and of good character, and in my opinion a fit person to act as a log scaler. I recommend the named applicant be considered as a licensed log scaler.

Signature:

I, _____, of _____
(Name) (Address)
_____, have been acquainted with the named applicant for _____.

I have found him/her to be trustworthy and of good character, and in my opinion a fit person to act as a log scaler. I recommend the named applicant be considered as a licensed log scaler.

Signature:

I, _____, of _____
(Name) (Address)
_____, have been acquainted with the named applicant for _____.

I have found him/her to be trustworthy and of good character, and in my opinion a fit person to act as a log scaler. I recommend the named applicant be considered as a licensed log scaler.

Signature:

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misstatement or omission which would in any way affect my eligibility for appointment as a licensed scaler will subject me to immediate disqualification from further processing of this application, or if appointed as a licensed scaler, to immediate revocation of the license by the appointing authority.

SIGNATURE of APPLICANT: _____ **DATE:** _____

State of _____
County of _____

On this _____ day of _____, in the year of 20____, and before me _____,
a Notary Public in and for the state of _____ personally appeared _____,
known to be the person whose name is subscribed to on this instrument, and acknowledged under oath to me that he/she executed the same, and that all statements made by him/her therein are true as he/she verily believes.

(Seal) Notary Public Signature _____
Notary Public for _____
My commission expires _____
Residing at _____