



# Kentucky Master Logger Reciprocity Application Form

<b>KML Office Use</b>	<b>KML-6</b>
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 Designation Card.

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Name: \_\_\_\_\_  
Last
First
M.I.

Street Address and/or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

County of Residence: \_\_\_\_\_

State from which applicant has received logger certification and training: \_\_\_\_\_

Date of certification or when training was 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 attendance or graduation to:**

**For questions or concerns contact the KML Office at:**

Kentucky Master Logger Office  
 U.K. Dept. of Forestry  
 222 T. P. Cooper Bldg.  
 Lexington, KY. 40546-0073

Logger Hotline: 800-859-6006  
 KML Office: 859-257-6230  
 KML Website: www.masterlogger.org  
 Email: kml@uky.edu

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*Kentucky Master Logger Partners*

