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 logger education program in their state. Once we receive and approve your application, you will be sent your Kentucky Master Logger Designation Card and three ring binder containing vital information regarding to Kentucky Laws and Regulations, OSHA regulations and Best Management Practice information and requirements. All information requested on this form must be filled out, except the social security number which is optional, in order to receive your Kentucky Master Logger Designation Card.

Name: _____
Last First M.I.

Mailing Address: _____

City _____ State _____ Zip _____

Telephone (daytime): _____

Social Security Number: _____ (optional)

County of Residence: _____

State from which applicant has received logger certification and training: _____

Date of certification or when training was complete: _____
(Please submit copies of all certificates)

Certification or I.D. Number: _____ (if available)

Signature: _____

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 Program
University of Kentucky
Department of Forestry
222 T.P. Cooper Bldg.
Lexington, Ky. 40546-0073

For questions or concerns contact the KML Office at:

Outside Kentucky: 859-257-6230
Loggers in Kentucky: 800-859-6006
World Wide Web: http://www.masterlogger.org
Email: kml@uky.edu

Kentucky Master Logger Partners

COOPERATIVE EXTENSION SERVICE

UK UNIVERSITY OF KENTUCKY College of Agriculture

Kentucky Divison of Forestry

KENTUCKY FOREST INDUSTRIES ASSOCIATION

Kentucky Forest Industries Association

Revised 3/25/10

Print Form