Idaho Board of Scaling Practices
3284 W. Industrial Loop
Coeur d'Alene, Idaho, 83815

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Telephone: (208) 769-1445
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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? ☐ Yes ☐ No (*If your answer is yes, please give details on a separate sheet.)*

EDUCATION BACKGROUND *(list most recent first)*

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

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)*

Employer	Address	Period of Employment From	To

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

Employer	Address	Period of Employment From	To

(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 _____