



**TEXAS A&M**  
FOREST SERVICE  
**Chainsaw Certifier Application**

Name: \_\_\_\_\_ Office: \_\_\_\_\_

Title: \_\_\_\_\_

***You must be currently carded as an Intermediate Faller (FAL2) and have chainsaw instructor experience to be considered.***

Are you currently carded as an Intermediate Faller (FAL2)? **Yes** **No** If yes, how long? \_\_\_\_ Year(s) \_\_\_\_ Month(s)

Has there been any lapse in your FAL2 currency? **Yes** **No**

If there has been a lapse in currency, please explain:

What is your current fitness level? **Moderate** **Arduous**

**FIELD EXPERIENCE**

List previous chainsaw experience with TFS or other land management agencies that includes incidents (wildfire, hurricanes, ice storm, etc.) and/or project/fuels work.

**INSTRUCTOR EXPERIENCE**

List what S-212 Wildland Fire Chain Saws courses and chainsaw refreshers you have assisted with and in what capacity (lead/unit instructor, field evaluator, etc.). List dates and locations if possible.

Please list any other courses or workshops that you have instructed and in what capacity.

**Supervisor Name:** \_\_\_\_\_ **Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*This section to be filled out by a recommending TFS Chainsaw Certifier\*\*\***

<b>Does this individual demonstrate exceptional practice in the following?</b>	<b>YES</b>	<b>NO</b>
Preventative maintenance habits for chainsaws		
Safe equipment operation		
Cutting proficiency/skill that would be expected of a certifier that is training others		
Effective instruction delivery, as lead/unit instructor or field evaluator		

**Certifier Name:** \_\_\_\_\_ **Certifier Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This application must be submitted by a current TFS Chainsaw Certifier, and the recommendation must be made in conjunction with the nominee's supervisor. Applications must be sent to [training@tfs.tamu.edu](mailto:training@tfs.tamu.edu) and are valid only for the calendar year in which they are submitted.