

## Nova Scotia Forest Technicians Association Certification Application

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone - Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Forest Technical Education: (Please attach copies of diplomas)

Institution	Dates	Degree, Diploma, Certificate

Work History After Graduation: (Most recent first)

Employer	Dates	Supervisor	Phone

Date you wish to write \_\_\_\_\_

Nova Scotia Forest Technicians Association  
 Certification Committee

Jim Rudderham  
 164 Forest Hill Drive  
 Truro, NS  
 B2N 7B2