



FOREST PRODUCTS ACT 2000 APPLICATION FOR REGISTRATION AS A TIMBER WORKER (INCLUDING REGISTRATION AS A FELLER)

FPC14

To: **General Manager** **(or the local FPC office)**
Forest Products Commission
Locked Bag 888
PERTH BUSINESS CENTRE WA 6849

I, _____
Given names (in full) Surname
(Print names in block letters)

of _____ Post code _____

Date of birth _____ hereby apply for registration as a timber worker, under the provisions of the *Conservation and Land Management Act 1984* and regulations there under in the categories indicated below (✓).

| | | PROBATIONARY | FULL | | | PROBATIONARY | FULL |
|----------------------|---|--------------------------|--------------------------|-------------------------------|---|--------------------------|--------------------------|
| Chainsaw Operator | C | <input type="checkbox"/> | <input type="checkbox"/> | General Hand (Swamper) | W | <input type="checkbox"/> | <input type="checkbox"/> |
| Handfeller Softwood | S | <input type="checkbox"/> | <input type="checkbox"/> | Mobile Plant Operator | P | <input type="checkbox"/> | <input type="checkbox"/> |
| Handfeller Hardwood | H | <input type="checkbox"/> | <input type="checkbox"/> | Sandalwood | A | <input type="checkbox"/> | <input type="checkbox"/> |
| Machine Feller | M | <input type="checkbox"/> | <input type="checkbox"/> | Skyline Operator | Y | <input type="checkbox"/> | <input type="checkbox"/> |
| Tree Marker Softwood | R | <input type="checkbox"/> | <input type="checkbox"/> | Skyline Chokerman | K | <input type="checkbox"/> | <input type="checkbox"/> |
| Tree Marker Hardwood | T | <input type="checkbox"/> | <input type="checkbox"/> | Minor Forest Produce Operator | F | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor | U | <input type="checkbox"/> | <input type="checkbox"/> | Other | O | <input type="checkbox"/> | <input type="checkbox"/> |
| Log Haulier | D | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> |

Certificates, licences and training:

| Certificate number | Date of issue | Categories |
|--------------------|---------------|------------|
| | | |
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| | | |
| | | |

Relevant Industry experience:

| Previous employer | Contact phone number | Dates of employment | Duties |
|-------------------|----------------------|---------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Further information to support this application: _____

Name and address of current employer: _____

Area of work (✓) : Native Plantation

FPC region (✓) : Central
 South Coast
 Southern
 Swan

My non-refundable fee of \$25 accompanies this application Signature of applicant: _____
 Date: _____



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OFFICE USE

Application approved (list categories)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| | | | | | | | | | | | | | | | |
| A | C | D | F | H | K | M | O | P | R | S | T | U | W | Y | |

Application not approved (list categories)

because _____

Special conditions required for approval: _____

Date induction completed: _____

Receipt number: _____ FPC office: _____ Forester's name: _____

Timber Workers certificate number: _____ Signature: _____

Fellers ID code: _____ Date: _____