

Please complete application and return to:
Forestry Branch, Att: Todd Ringash
200 Saulteaux Crescent, Box 70
Winnipeg, MB
R3J 3W3

APPLICATION FOR SCALER'S LICENCE IN MANITOBA

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ e-mail: _____

Have you ever held or applied for a scaler's licence in the Province of Manitoba? YES NO
If yes, please state details

Have you ever taken a Manitoba Scaling course? YES NO
If yes, what year? _____

Please state any previous scaling experience you may have _____

OUT OF PROVINCE SCALER'S:

Do you presently hold a valid scaler's licence from another Province? YES NO

Issuing Province _____ Year Issued _____ Expiry Date _____

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Licence confirmed in good standing _____

ARD Official

FOR DEPARTMENT USE ONLY

Date Received _____ Date Approved _____

Signing Authority _____

Code: 2.16