

Certified Faller Card Renewal – Employer and Faller Declaration

Department: Falling

The BC Forest Safety Council (BCFSC) requires this document to validate the work history of the faller with your company for the purposes of renewing their BC Faller Certification Card.

Employer Declaration		
Name:	Position:	Company:
Address:		
Phone Number:	Email:	

Faller Work History				
(Please indicate the faller's work history with your company below)				
Geographical location	<input type="checkbox"/> South / Mid Coast	<input type="checkbox"/> North Coast / Haida Gwaii	<input type="checkbox"/> Vancouver Island	<input type="checkbox"/> Peace Cariboo
	<input type="checkbox"/> Thompson /Okanagan	<input type="checkbox"/> Omineca /Skeena	<input type="checkbox"/> Kootenays	
Timber type	<input type="checkbox"/> Old Growth <input type="checkbox"/> Second Growth			
Harvesting method	<input type="checkbox"/> Cable <input type="checkbox"/> Hoe Chuck <input type="checkbox"/> Heli <input type="checkbox"/> R/W <input type="checkbox"/> Skid <input type="checkbox"/> Other			
Species	<input type="checkbox"/> Cedar <input type="checkbox"/> Cypress <input type="checkbox"/> Fir/Larch <input type="checkbox"/> Hem/Bal <input type="checkbox"/> Pine <input type="checkbox"/> Spruce <input type="checkbox"/> Deciduous			
Tree Dia. Falling	<input type="checkbox"/> Up to 20" <input type="checkbox"/> Up to 28" <input type="checkbox"/> Up to 36" <input type="checkbox"/> Up to 60" <input type="checkbox"/> Over 60"			
Tree Dia. Bucking	<input type="checkbox"/> Up to 20" <input type="checkbox"/> Up to 28" <input type="checkbox"/> Up to 36" <input type="checkbox"/> Up to 60" <input type="checkbox"/> Over 60"			
Slope Falling	<input type="checkbox"/> Up to 30% <input type="checkbox"/> Up to 60% <input type="checkbox"/> Over 60%			
Slope Bucking	<input type="checkbox"/> Up to 30% <input type="checkbox"/> Up to 60% <input type="checkbox"/> Over 60%			



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I hereby declare that _____ (Faller) has been working as a production faller for my company as described above for the past 6 months and that I also confirm that inspection reports/audits have been conducted at time intervals appropriate to the risk as per WorkSafeBC Regulation 26.22.1.

If this document is being filled out electronically, typing your name is acceptable.

Employer Signature

Date

Faller Declaration	
Name of Certified Faller:	Faller Certification Number:

I hereby declare that the information on this form is accurate and represents my work history with this employer.

Faller Signature

Date

Send completed form to the BC Forest Safety Council by:

1. Email: faller@bcforestsafety.org
2. Fax: 250-741-1068
3. Mail: Attention: BC Faller Certification Program
420 Albert Street, Nanaimo, BC V9R 2V7