



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			
(Please complete this section, then pass this form to the faller)			
First Name:	Last Name:	Position:	Company:
Address:	Postal Code:	Phone Number:	Email:

Faller Work History											
(Please indicate the faller's work history with your company below)											
Geographical Area:		Harvesting Method:			Timber Type:						
<input type="checkbox"/>	Lower Mainland	<input type="checkbox"/>	Vancouver Island	<input type="checkbox"/>	Heli	<input type="checkbox"/>	Conventional	<input type="checkbox"/>	Old Growth	<input type="checkbox"/>	Second Growth
<input type="checkbox"/>	Okanagan	<input type="checkbox"/>	Kootenays	<input type="checkbox"/>	Cable	<input type="checkbox"/>	Ground Based	<input type="checkbox"/>	Wet Belt	<input type="checkbox"/>	Dry Belt
Species:											
<input type="checkbox"/>	Omineca	<input type="checkbox"/>	Peace Thompson	<input type="checkbox"/> Right of Way			<input type="checkbox"/>	Cedar	<input type="checkbox"/>	Cypress	
<input type="checkbox"/>	Skeena	<input type="checkbox"/>	Cariboo				<input type="checkbox"/>	Fir/Larch	<input type="checkbox"/>	Hem/Bal	
						<input type="checkbox"/>	Pine	<input type="checkbox"/>	Spruce		
						<input type="checkbox"/>	Deciduous				
Falling				Bucking							
Tree Size		Slope		Tree Size		Slope					
Up to 20"	<input type="checkbox"/>	Up to 30%	<input type="checkbox"/>	Up to 20"	<input type="checkbox"/>	Up to 30%	<input type="checkbox"/>				
Up to 28"	<input type="checkbox"/>	Up to 60%	<input type="checkbox"/>	Up to 28"	<input type="checkbox"/>	Up to 60%	<input type="checkbox"/>				
Up to 36"	<input type="checkbox"/>	Over 60%	<input type="checkbox"/>	Up to 36"	<input type="checkbox"/>	Over 60%	<input type="checkbox"/>				
Up to 60"	<input type="checkbox"/>			Up to 60"	<input type="checkbox"/>						
Over 60"	<input type="checkbox"/>			Over 60"	<input type="checkbox"/>						



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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.

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.

Signature

Date

Send completed form to the BC Forest Safety Council by:

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