



Certified Falling Supervisor Application

Pre-requisites

- Hold a current BC Forest Safety Council (BCFSC) Faller Certification card;
- Have successfully completed the BCFSC Falling Supervisor Training Course;
- Have a minimum of 500 days and 5 years of production falling experience after you have been certified as a faller;
- Have a minimum of 120 days and 2 years of falling supervision experience after you have been certified as a faller;
- Be working in an active falling operation with a crew consisting of at least one certified faller;
- Submit a complete CFS application along with required supporting documentation for approval.

If you have any questions please contact:

Falling Department

Office hours: 8:00 am - 5:00 pm Monday to Friday

Phone: 1-877-741-1060, Fax: 1-250-741-1068

E-mail: faller@bcforestsafe.org



Certified Falling Supervisor Application Form

Department: Falling

Applications that are incomplete or missing supporting documentation will not be processed. All applications expire 12 months after date of receipt; after 12 months you will be required to reapply

Personal Information	
Name:	Date of Receipt Internal use only
Faller Certification #:	
Mailing address:	
City:	Province:
Postal Code:	
Home phone:	Cell Phone:
Email:	
Preferred contact method: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email	
Employment Information	
Based on your current work situation, I would describe current role as a:	
<input type="checkbox"/> Faller <input type="checkbox"/> Supervisor <input type="checkbox"/> Falling Supervisor <input type="checkbox"/> Licensee <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Prime <input type="checkbox"/> Other _____	
Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Company Name:	Personal WorkSafeBC Account:
Current Employer:	Employer WorkSafeBC Account:
Supervisor:	Email:
Employer Mailing Address:	
City:	Province:
Postal Code:	Phone number:
Geographic Location (indicate your usual working region)	
<input type="checkbox"/> Cariboo <input type="checkbox"/> Vancouver Island <input type="checkbox"/> Okanagan <input type="checkbox"/> Kootenays <input type="checkbox"/> Peace/Thompson <input type="checkbox"/> Omenica <input type="checkbox"/> Skeena <input type="checkbox"/> Lower Mainland <input type="checkbox"/> Other _____	



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Faller Certification and Falling Supervisor Course Pre-requisites (will be verified)

- I hold a current BC Forest Safety Council (BCFSC) Faller Certification card
- I have successfully completed the BCFSC Falling Supervisor Course

Work Experience

Please note that a **Declaration of Experience** is required to be completed by **EACH** of the employers listed below to confirm the days of Falling and Supervision Experience listed. A blank Declaration of Experience is found at the end of the application package. Please print as many copies as required.

Falling Experience (a **minimum 500 days and 5 years** falling experience after you have been certified as a faller is required to apply for a CFS Assessment. Complete the table below confirming your experience. If more space is required, attach an extra piece of paper.)

Employer	Supervisor	Phone #	Location	Dates of Employment			Employer Declaration Attached
				From MM/YY	To MM/YY	# Days	
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>

Falling Supervision Experience (a **minimum 120 days and 2 years** falling supervisor experience after you have been certified as a faller is required to apply for a CFS Assessment. Complete the table below confirming your experience. If more space is required, attach an extra piece of paper.)

Employer	Supervisor	Phone #	Location	Dates of Employment			Employer Declaration Attached
				From MM/YY	To MM/YY	# Days	
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>
				___/___/___	___/___/___		<input type="checkbox"/>

Assessment Location (indicate nearest community/camp/town where you could meet the assessor)

Special Circumstances (indicate any circumstances that may affect the scheduling of your CFS assessment)



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The BCFSC is committed to protecting the privacy of any personal information you provide when submitting an application form to us. The BCFSC complies with the Freedom of Information and Protection of Privacy Act and discloses the information that could be shared with other parties.

Your CFS information may be used for the following purposes:

- your involvement in the BCFSC Falling programs
- confirmation of certification status directly to employers

I confirm that the information provided is complete and accurate; I authorize the BCFSC to verify its accuracy.

Applicant Name (Print):	Applicant Signature:	Date:

Notes:

Administrative Review – internal use only		
FS Course:	Clearance Letter Printed: <input type="checkbox"/>	
Date of Faller Certification:		
Notes:		
Admin initials:	Date:	
Subject-Matter Expert (SME) Application Review – for internal use only		
Application	Approved <input type="checkbox"/>	Declined <input type="checkbox"/> (put reason in notes section below)
Notes:		
SME Name (print):	Signature:	Date:



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Declaration of Experience

If you are self-employed and supervise your own crew, a licensee or prime contractor can complete the Declaration of Experience. All experience declared is subject to verification.

I, _____ declare that _____ (Faller
Employer Representative Faller

Certification # _____) has the following experience as it pertains to the applicant's
employment with _____:

Company Name

<input type="checkbox"/> Falling Experience		
From MM/YY	To MM/YY	# Days

<input type="checkbox"/> Falling <u>SUPERVISION</u> Experience		
From MM/YY	To MM/YY	# Days

Employer Representative Signature

Date

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

Applicant Signature

Date



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Before submitting your application please ensure the following:

- All sections of the application are complete (incomplete applications will not be processed)
 - Employer declaration(s) are included to support a minimum of:
500 days and five (5) years falling experience, after you have been certified as a faller.
 - Employer declaration(s) are included to support a minimum of:
120 days and 2 years falling supervisor experience after you have been certified as a faller.
 - WorkSafeBC account provided is current and in good standing
 - Your BC Faller Certification card is current
 - You have successfully completed the BCFSC Falling Supervisor Training Course
 - Application is signed and dated
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- You will be notified via letter (mail and email) when your application has been reviewed.
 - If this is an application for a second or subsequent CFS Assessment the BCFSC will contact you to arrange payment for the evaluation.

Please submit completed application to:

Email: faller@bcforestsafe.org

Fax: 250-741-1068

Mail: Falling Department
BC Forest Safety Council
420 Albert Street
Nanaimo, BC
V9R 2V7