

## **Application for Scaling License and Proof of Experience Form**

| This is     | s to certify that  | of person applying for license)                              | _ has scaled                          | m³ (stacked) c        | of                       |
|-------------|--|--|---------------------------------------|-----------------------|--------------------------|
|             | (Name  | of person applying for license)                              |                                       |                       |                          |
| stacke      | ed wood and/or   | fbm or tonnes of sawlog                                      | s. I believe they                     | are capable of scalir | ıg                       |
| the ab      | ove indicated forest p   | oroducts within acceptable lin                               | nits of precision.                    | I recommend that      |                          |
| he/she      | e be granted a Provin  | cial Scalers License entitling                               | him/her to scale                      | :                     |                          |
| Stack       | ogs []<br>ed Wood []<br>imary Wood Produc                                | :ts []   |                                       |                       |                          |
| This a      | pplicant has:  |  |                                       |                       |                          |
| 1.          | Not previously been issued a Scalers License, so assign a new number []. |  |                                       |                       |                          |
| 2.          | A Nova Scotia Provincial Scalers License to scaleLicense #               |  |                                       |                       |                          |
|             | Please print the name and address of applicant below.                    |  |                                       |                       |                          |
|             | (First Name)   | (Second Name   | )                                     | (Last Name)           |                          |
|             | (Address)  |  |                                       |                       |                          |
|             |  |  |                                       | (Postal Code          | e)                       |
| <u>Volu</u> | me Verification a  | and Recommendation f   | or License b                          | <u>y:</u>             |                          |
| Name        | of Licensed Scaler (   | Print):  |                                       |                       |                          |
| Date:       |  |  |                                       |                       |                          |
| Signa       | ture of Licensed Scal  | er:  | · · · · · · · · · · · · · · · · · · · |                       |                          |
|             |  | ense fee is enclosed and ma<br>website for the current licer |                                       |                       | of Natural Resources and |

Return to: Department of Natural Resources and Renewables

Scaling Program PO Box 68, Truro

B2N 5B8

Or Email