

Surname	First Name	Middle Initial	Address
Telephone No.:		Fax No.:	
Have you ever held a Scaling license before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	License No.
I hereby make application (Please check in squares that are applicable)			
<input type="checkbox"/> For authorization to scale at _____ (Name, site number(s) and address of mill or other operations) _____			
<input type="checkbox"/> For authorization as acting Scaler at _____ (Name, site number(s) and address of mill or other operations) _____			
<input type="checkbox"/> To take examination for Scaler's license, to be held at _____ on _____ (Location) (MM/DD/YY)			
Signature of Applicant:		Date Signed (MM/DD/YY)	
Departmental Use only			
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:	
Date Approved:	Date of Exam:		
Start Date:	Location:		
Expiry Date:	Exam Grade (%):		
License No.:	Comments:		

Access to Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Yukon Timber Regulations*. Questions about the collection and use of this information can be directed to the Tenures Forester, Forestry Branch, Department of Energy, Mines and Resources, Yukon Government, Box 2703, Whitehorse, Yukon Territory, Y1A 2C6 (867) 393-7904.