Kentucky Master Logger
Reciprocity Application Form

KML Office Use	KML-6
Date Received	
Received From	
Approved	YES NO

This form is to be filled out by the individual who has successfully completed a corresponding and KML office approved logger education program in their state. The program in question must be similar in content to the Kentucky Master Logger 3-day program. Once we receive and approve your application, you will be sent your Kentucky Master Logger Designation Card and information regarding Kentucky Laws and Regulations, OSHA and safety regulations and Best Management Practice information and requirements. All information requested on this form must be filled out in order to receive your Kentucky Master Logger Designaton Card.

Name: _____
First M.I. Last

Street Address and/or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____

County of Residence: _____

Email Address: _____

State from which applicant has received logger certification and training: _____

Date of certification or when training was complete: _____

Certification or I.D. Number: _____ (if available)

Signature: _____ Date: _____

APPLICATION FEE: $50.00 PER PERSON (Make checks payable to: Kentucky Master Logger)

Mail check with completed form and proof of course attendence or graduation to:

Kentucky Master Logger Office
U.K. Dept. of Forestry & Natural Resources
222 T. P. Cooper Bldg.
Lexington, KY. 40546-0073

For questions or concerns contact the KML Office at:

Logger Hotline: 800-859-6006
KML Office: 859-257-6230
KML Website: www.masterlogger.org
Email: kml@uky.edu

Kentucky Master Logger Partners

University of Kentucky
Department of Forestry
Cooperative Extension Service

Kentucky Forest
Industries Association

Kentucky
Division of Forestry

Revised 7/18/17