



# APPLICATION TO SCALE

I HEREBY MAKE APPLICATION (PLACE CHECK MARK IN SQUARES APPLICABLE) :

FOR AUTHORIZATION TO SCALE AT \_\_\_\_\_  
(NAME AND ADDRESS OF MILL OR OTHER OPERATION)

FOR APPOINTMENT AS ACTING SCALER TO SCALE AT \_\_\_\_\_

TO TAKE EXAMINATION FOR SCALER'S LICENCE, TO BE HELD AT \_\_\_\_\_

ON \_\_\_\_\_, year \_\_\_\_\_

FOR APPOINTMENT AS OFFICIAL SCALER IN THE \_\_\_\_\_  
(NAME OF REGION OR DISTRICT)

HAVE YOU EVER HELD A SCALING LICENCE, ACTING SCALER'S APPOINTMENT OR RESIDUE SURVEYOR'S LICENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHERE	APPOINTMENT OR LICENCE NO.
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FULL LEGAL NAME AND ADDRESS (please print)

LAST NAME	FIRST NAME	FULL MIDDLE NAME	ADDRESS
TELEPHONE NO.	FAX NO.	EMAIL:	

PROOF OF IDENTITY (please complete at least one of the following)

DRIVER'S LICENCE NO.	CITIZENSHIP CERTIFICATE NO.
BIRTH CERTIFICATE NO.	LANDED IMMIGRANT CARD NO.
CANADIAN MILITARY ID	WORK PERMIT NO.
PASSPORT	BRITISH COLUMBIA IDENTIFICATION

PLEASE STATE PLACE OF BIRTH	DATE OF BIRTH YYYY - MM - DD
SIGNATURE OF APPLICANT	DATE SIGNED YYYY - MM - DD

### FOR OFFICE USE ONLY

DATE OF EXAMINATION YYYY - MM - DD	MARK. %	LICENCE NO.	DATE ISSUED YYYY - MM - DD
LOCATION	FEE PAID <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE APPROVED YYYY - MM - DD	FS CLIENT NO.	