

NOMINATION FORM INSTRUCTIONS
WEST VIRGINIA FORESTRY ASSOCIATION "WV OUTSTANDING LOGGER" AWARD

1. All nominations must have *TWO* signatures.
2. Those loggers previously selected as "*WV Outstanding Logger*" cannot be nominated the following year.
3. Nominees will be evaluated based on the suggested guidelines on the next page with consideration given to the type of operation, equipment involved, the desired results, available markets, economic limitations of the logger, and limitations by the landowner specifications.
4. The minimum requirements for nomination of "*WV Outstanding Logger*" are:
 - A. All timbering operations will have "Notification Forms" on file with the West Virginia Division of Forestry.
 - B. Appropriate safety gear for eye, ear, head, foot, hand, and leg protection will be mandatory for all employees as hazards dictate.
 - C. Logger must be in good standing with the West Virginia Division of Forestry.
5. The two nominators need only submit one written evaluation per logger nominated. Nominators may nominate more than one logger.
6. Loggers should be nominated in the Region (1, 2, or 3) which they primarily work, not the Region in which they live.
7. All nominations and written evaluations are due April 6, 2015 to the WVFA office.
8. The regional Forester with the West Virginia Division of Forestry and the WVFA Area Chairs in each Region will select the Area winners by ground visitations before May 4, 2015.
9. The State Chairman will receive the Region Winner nomination and evaluation by May 8, 2015. The State Chairman and the committee will select the "*WV Outstanding Logger*" by July 2.
10. The Region Winners and the State Winner will be recognized by the WVFA at the Annual Meeting in July at Canaan Valley State Park.

Logging Company Name

Region of Operations (Principle Counties)

Owners Name

Address

City

State

Zip

Phone

We hereby nominate the above logger for the West Virginia Forestry Association "*WV Outstanding Logger*" Award.

Nominating Signature (*Required*) Date

Name

Address

City

State

Zip

Occupation

Telephone Number

Co-Nominating Signature (*Required*) Date

Name

Address

City

State

Zip

Occupation

Telephone Number