



## Minnesota Logger Education Program Application & Membership Requirements

For Logging Business Owners associated with more than 1,000 cords of annual wood production

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Thank you for your interest in applying for membership in the Minnesota Logger Education Program (MLEP). If you are a Logging Business Owner associated with less than 1,000 cords of annual wood production, please follow the steps listed below which are required to attain membership status.

1. Complete and return the attached MLEP **Application Form**. You may make a copy of the completed form for your personal record.
2. Two copies of the **Code of Ethics** for MLEP Logging Professionals are included in this packet. Sign one of the copies and return it with the completed application form. The second copy is for your personal records.
3. Submit **Verification of Business Requirements** as outlined on the MLEP application form. If you have any questions or would like to receive assistance regarding verification of business requirements, please contact MLEP.
4. Complete and sign the attached **Certificate of Compliance - Minnesota Workers' Compensation Law** form and return it with your application.
5. First-year applicants are required to attend **Two Days of Training**:  
1) Online Forest Management Guideline Training and 2) LogSafe Training (CPR/1<sup>st</sup> Aid).  
Information regarding training dates and locations will be provided as it becomes available.

Annual membership **renewal** requires attendance of two days of training each year:

- 1) LogSafe Training, 2) One 6 hr MLEP workshop each year.

For more information, assistance or additional application packets, please call (218) 879-5633.



### Membership Application Form

#### **For Logging Business Owners associated with more than 1,000 cords of annual wood production**

Individuals who are eligible for membership as MLEP Logging Professionals are owners of logging businesses. A logging business is a sole-proprietorship, partnership, or corporation that: 1) purchases stumpage and/or is an independent contract logger, 2) controls timber harvesting, and 3) owns timber harvesting equipment. Program requirements are listed on the reverse side of this application.

**Please type or print neatly using blue or black ink**

Business Owner \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Business Name \_\_\_\_\_  
(If Applicable)

Business Address \_\_\_\_\_  
(If Different From Above)  
City State Zip Code

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Organizational Status Of Business:  Sole-Proprietorship  Partnership  Corporation

Annual Cord Production (check one):  Less than 1,000  1,000-2,500  2,501-5,000  5,001-10,000  10,001-15,000  > 15,000

Operation Type (check all that apply):  Conventional  Cut to length  Hand felling  Chipper  Grinder  Horse Logging

Does the business own timber harvesting equipment?  Yes  No

Individuals who participate in the program are required to provide documentation of the items noted below. Please check the items for which you have enclosed verification, and attach the appropriate documentation with this application. The appropriate documentation required to verify the following requirements is listed on the reverse side of this application. Participants who have unfulfilled requirements will receive assistance following processing of their application.

<input type="checkbox"/> Federal and State Tax Identification Numbers Federal _____ State _____	<input type="checkbox"/> Unemployment Insurance Account Number (*) _____ check here if not applicable
<input type="checkbox"/> AWAIR Company Policy (*) _____ check here if not applicable	<input type="checkbox"/> Workers Compensation Insurance (*) _____ check here if not applicable
<input type="checkbox"/> Substance Abuse Company Policy (if company equipment includes log trucks) _____ check here if not applicable	

**(\*)= If company has employees**

A \$350.00 **non-refundable** application fee is required for applicants, and a \$350.00 **non-refundable** annual renewal fee is required each year thereafter. Participants who allow their membership to lapse will be required to reapply to the program as a first-year applicant. An additional \$50.00 administrative reapplication fee will also be required. Please indicate which of the following pertains to this application:

- This is my first application to the program, and I have enclosed a non-refundable \$350.00 application fee
- I have allowed my membership to lapse, and I have enclosed a non-refundable \$400.00 application fee.

**Please make check or money order payable to MLEP at the address listed at the top of this form.**

**The information I have provided in this application is accurate to the best of my knowledge. I understand that intentional falsification of application materials can result in denial of MLEP membership, that application fees are non-refundable, and that materials submitted with this application will not be returned to the applicant.**

Business Owner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# MINNESOTA LOGGER EDUCATION PROGRAM

Applicants to MLEP will be considered provisional members until requirements listed below have been completed. Those applicants who satisfy provisional program requirements will achieve full membership status and will be entitled to program benefits. Those applicants who do not satisfy program requirements within one full program year following application date will be dismissed from the program.

Program members will be required, on an annual basis, to apply for membership renewal and complete requirements necessary to maintain membership status. Program members who do not complete annual renewal requirements will have allowed their membership to lapse and must reapply to the program as a first-year applicant.

## PROGRAM REQUIREMENTS INCLUDE:

1. Attendance at classes as determined by the MLEP Board of Directors.
2. Documentation of all legal requirements listed below necessary to operate a logging business.
3. Verification of timber harvesting equipment ownership.
4. Signing of the program Code Of Ethics and returning it with the completed program application.
5. Payment of annual membership application fees as outlined on the front side of this application.

## EDUCATIONAL REQUIREMENTS:

The Minnesota Logger Education Program requires the following of a business owner and one person per crew actively responsible for the logging site:

### First Year Training Requirements

Provisional members and first-year applicants are required to attend training addressing Minnesota's Forest Management Guidelines (BMPs), first-aid and CPR.

**Guideline Training:** 6 equivalent hours of training on Minnesota's Forest Management Guidelines (Online Only - information will be sent after membership application is received)

**Safety Training:** 8 hours of first-aid and CPR training is required (LogSafe)

### Annual Training Requirements

To maintain MLEP membership, a business owner and one person per crew actively responsible for the logging site must attend:

**Safety Training** - Twelve (12) hours of safety training every two years to include:

Eight (8) hours of CPR/First Aid training (4 hrs. CPR and 4 hrs. of First Aid)

Four (4) hours of Safety Training (OSHA)

**Continuing Education** - (6) hours of MLEP training every year through workshops on any accepted continuing education topic.

**MLEP members must complete a minimum of 6 hours of MLEP and 4 hours of LogSafe training each year.** Logging employees (in-woods) are required to attend at least 4 hours of safety training each year and complete CPR/ First-Aid training every two years.

*At a minimum, SFI requires that "Each crew must include a qualified professional who 1) Has completed the SFI training program; 2) Is the owner of, employee of or contractor for the wood produced; and 3) Has direct responsibility and is onsite regularly to carry out the roles and responsibilities of the qualified logging professional (e.g. safety, protection of soils, streams and other waterbodies).*

## VERIFICATION OF LEGAL REQUIREMENTS:

The following legal requirements will be documented through the initial membership application process and re-verified each year during the membership renewal process or as determined by the Board of Directors. Please include the following legal requirement verification items with your application:

1. Your company's Federal and State Tax Identification Numbers, or your Social Security Number.
2. Your company's Workers Compensation Certificate of Compliance (if applicable).
3. Your company's Unemployment Insurance Account Number (if applicable).
4. Copy of your company's workplace accident and injury reduction (AWAIR) policy (if applicable).
5. Copy of your company's substance abuse policy, if company equipment includes log trucks (if applicable).

For information regarding program service or to receive assistance with this application, contact:

Minnesota Logger Education Program (MLEP)  
1111 Cloquet Ave. Suite 7  
Cloquet, Minnesota 55720

Phone- (218) 879-5633

Fax- (218) 879-5261

[www.mlep.org](http://www.mlep.org)

**MLEP is a voluntary non-regulatory continuing education program for logging business owners.**



# *Code of Ethics for MLEP Logging Professionals*

*I, \_\_\_\_\_, recognize that maintaining professionalism in logging requires maintaining a professional attitude and following a code of ethics, just as it is true in any other profession. By accepting the designation of "MLEP Logging Professional", I agree to maintain a professional attitude and abide by the following code of ethics.*

*For the MLEP Logging Professional, safety on the worksite is the number one priority. The MLEP Logging Professional abides by and actively promotes safety standards.*

*MLEP Logging Professionals take pride in their profession, perform all activities in a responsible and professional manner and encourage others to do the same.*

*The MLEP Logging Professional is aware of and complies with all laws and regulations relating to the logging profession.*

*The MLEP Logging Professional will not perform any service for which he or she is not qualified, and will advise clients to seek other professional assistance when appropriate.*

*The MLEP Logging Professional will provide services that are specifically related to the objectives and requirements of his or her clients.*

*The MLEP Logging Professional will not malign the work, reputation, or business of other professional loggers.*

*The MLEP Logging Professional recognizes that landowners, wood buyers, and other professionals are part of the forest products industry and cooperates with affected parties to maintain high standards of professionalism.*

*The MLEP Logging Professional will strive to increase his or her knowledge of and skills within the logging profession.*

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Certification of Compliance – Minnesota Workers’ Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with workers’ compensation insurance coverage requirement of MSS Chapter 176.

The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor & Industry.

**Insurance Company Name:** \_\_\_\_\_

*(NOT the insurance agent)*

**Policy Number:** \_\_\_\_\_

**Dates of Coverage:** \_\_\_\_\_ to \_\_\_\_\_

**OR**

***I am not required to have worker’s compensation liability coverage because(check one below):***

***I have no employees.***

***I am self insured (include permit to self-insure).***

***I have no employees who are covered by the workers’ compensation law (these include: Spouse, Parents, Children and certain farm employees).***

***I certify that the information provided above is accurate and complete and that a valid workers’ compensation policy will be kept in effect at all times as required by law.***

**Name:** \_\_\_\_\_  
*(Last) (First) (M.)*

**Doing Business As:** \_\_\_\_\_  
*(Business name if different than your name.)*

**Business Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

