



Danny Rhynes Interagency Training Center
602 S. Tippecanoe Ave.
San Bernardino, Ca. 92408
(909) 382-2984, Fax (909) 382-4192
Email: drtc@fs.fed.us

Memorandum

DATE: April 6, 2016

SUBJECT: S-212C Unlimited Faller

TO: Course Participant

You have been selected to attend the S-212C unlimited faller training session on the San Bernardino National Forest sponsored by the Danny Rhynes Training Center on **April 25-29, 2016** (weather dependent). Please note the training will be held in the Meadow Room, **Mountain Top Ranger District**. Class will begin at 1000 hours on Monday, April 25 and conclude at approximately 1700 hours on Friday, April 29.

**Mountain Top Ranger Station, Big Bear Hot Shots Meadow Room
41374 North Shore Drive
Fawnskin, CA 92333**

Trainee prerequisites are:

1. Successful completion of I-200 Basic ICS.
2. Skilled in the use of chainsaws felling trees 24" dbh or larger.
3. Completed Job Aid or recommendation from Forest "C" Faller for course attendance.

Pre-course work assignment

Bring with you completed explanation of 5 near miss personal experiences with falling and bucking. Be prepared to share your essay in class.

Review "Professional Timber Falling" A Procedural approach By D. Douglas Dent Prior to the first day of class and be prepared to discuss

Each student must bring to class:

1. All appropriate PPE, to include USFS approved safety chaps
2. Chainsaw with a minimum 36" bar
3. 5 lb. felling axe
4. Dolmar filled with saw mix & bar oil
5. Wedges and saw maintenance kit. To include extra chain
6. Rain gear is highly recommended
7. We recommend you **do not** leave your saw equipment overnight in your vehicle

***** **ALL STUDENTS*******

Please complete and return the student profile and pre-registration form to the training center no later than close of business **Monday, April 18, 2016. Email to drtc@fs.fed.us or fax to 909.382.4192.**

Tuition

You tuition cost is **\$900.00**

Billing Information:

Forest Service (Other Regions): The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

Other Federal Agencies: The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

Other Non Federal Agencies: It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

Cancellations: The last date to cancel for this course is April 18, 2016.

If a student cancels and pre work has already been received, the student needs to return pre work to the training facility.

Dress: Please dress for field exercises with Safety gear, full PPE; nomex shirt, boots, eye protection, etc.

Travel: For travel and lodging information navigate on the internet to the DRTC website: <http://www.fs.usda.gov/goto/sanbernardino/travel>.

Lodging in Big Bear:

- Big Bear – Best Western Near Moonridge, (909) 866-6666
- Northwoods Inn, (909) 866-3121
- Black Forest, (800) 255-4378

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at drtc@fs.fed.us.

/s/ Kristel Johnson

Danny Rhynes Training Center Manager and Forest Training Officer

Enclosures:

“Professional Timber Falling” a Procedural approach by Douglas Dent

**PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER**

FAX: 909-382-4192 or email or email to drtc@fs.fed.us

ALL Blocks MUST be Completed

Course Title: S-212 C Unlimited Faller **Date:** April 25-29, 2016

Trainee Name _____ **Email** _____

Agency:

FS: Forest: _____ District: _____
Region _____ Unit: _____

Other Agency: _____ *(Ranger Unit/Station)*

(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)

Work Address: _____

(Mailing Address of your unit headquarters.) (City – State – Zip Code)

Phone Number: _____ **Cell Number:** _____

Supervisor Name/Title _____ **Phone:** _____

Training Officer Name: _____ **Phone:** _____

**RETURN THIS FORM TO THE
TRAINING CENTER
BY COB:**

Monday, April 18, 2016