

Application Date:	day of	(month), 2	20, i	n
Category 1 - Marke	t Category 4 - Val	ue-added (pick one only	y).	
If you selected Cate	gory 4 - Value-added, yo	u must also complete and subm	it a Schedule	A.
11.	here you live, or to wher	is form and forward it to a BC Te you intend to work. Office add		
_	•	les manager immediately cance plication is approved: Yes	• ~	egistration that I hold N/A
Name:				
(Surnar	ne) Please Print	(First Name - in full)	(Mid	ldle Name - in full)
	City	Province		Postal Code
Mailing Address: (if different from above) -				
	City	Province		Postal Code
Telephone:				
	Residence		Business	:
Fax Number:		Cell Phone Number:		
E-mail:				
Birth Date:		B.C. Driver's		
	(yyyy / mm / dd)	Licence Number:		
Client #:				
(if available)				

Please provide a photocopy of your government issued photo identification showing the name, address and signature as listed above.



To the Applicant:

A.	In	this	app	lication:
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- a. "**shareholder**" means a shareholder of a corporation who, directly or indirectly, beneficially owns more than 10% of the issued and outstanding voting shares of the corporation.
- b. "arm's length" has the same meaning as in the *Income Tax Act (Canada)*. Additional Information regarding arm's length relationships can be found through an internet search for "Canada Revenue Agency related persons and dealing at arm's length".

В.

- (1) Where each of the following questions requires a **Yes** or **No** answer, please answer the question by placing a check mark in the appropriate box.
- (2) Where a question requires a corporation to provide written information and there is insufficient space provided below, please provide that information on an additional page and attach it to this application.
- (3) The third column on the right is for Ministry use only. Please leave it blank.

		YES	NO	Ministry Use Onl
1.	Are you in bankruptcy?	\bigcirc	\bigcirc	
2.	Are you at least 19 years of age?	\bigcirc		
3.	Are you already registered as a BC timber sales enterprise under the BC Timber Sales Regulation?	\bigcirc	\bigcirc	
4.	Are you a shareholder, as defined in Part A of this application, of a corporation that is registered as a BC timber sales enterprise under the BC Timber Sales Regulation?			
5.	If the answer to question 4 is Yes , provide the name of that corporation, and the percentage of shares held:			
	(Corporation Name) (% shares held)			
6.	Are you the holder of a licence or agreement the rights under which are suspended under Section 78 or 78.1 of the <i>Forest Act</i> ?			
7.	Is there a fee, stumpage or other sum imposed upon you or another person not at arm's length from you under the <i>Forest Act</i> payable to the government?	\bigcirc	\bigcirc	
8.	If your answer to question 7 is Yes , have arrangements satisfactory to the Revenue Minister been made for the payment of that sum?	\bigcirc	\bigcirc	



9.	If your answer to question 8 is Yes , provide the name of the revenue staff-member handling your file:	YES	NO	Ministry Use Only
10.	Have you ever been disqualified as a BC Timber Sales Enterprise?	\bigcirc	\bigcirc	
	• If the answer to this question is Yes , please specify the date range of the disqualification:			
11.	Are you a shareholder in a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ?	\bigcirc		
12.	If the answer to question 11 is Yes , state the name and registration number of each of the BC timber sales enterprises that have been disqualified:			
13.	Have you ever been a shareholder in a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ?		\bigcirc	
14.	If your answer to question 13 is Yes , state the name and registration number of each of the BC timber sales enterprises that have been disqualified and date on which the corporation ceased being a shareholder in each of those BC timber sales enterprises:			
15.	Are you an officer or director of a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ?	\bigcirc	\bigcirc	
16.	If your answer to question 15 is Yes , state the name and registration number of each of the BC timber sales enterprises that have been disqualified:			



YES	NO	Ministry Use Only
\bigcirc		
\bigcirc		
	YES O	YES NO O O O

Collection and Use of Information

I understand that the information collected herein is collected for the purposes of assessing my eligibility with respect to BC Timber Sales and applications for agreements or permits under the *Forest Act*. I understand that the legal authority to collect this information is found in the *Forest Act* [R.S.B.C. 1996] chapter 157, the *Freedom of Information and Protection of Privacy Act* [R.S.B.C. 1996] chapter 165 and the *Business Practices and Consumer Protection Act* [S.B.C. 2004] chapter 2 and their regulations. I understand that the Timber Sales Manager to whom I have presented this application can answer my questions about the collection of this information. I understand that information submitted to government may only be disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*.



It is the responsibility of the applicant to provide complete information. Incomplete or illegible forms will be returned for correction or completion and may delay the processing of your application. If any information provided in this application, or at any time, is found to be untrue, it may be grounds to disqualify the applicant as a BC timber sales enterprise registrant.

In witness whereof this	application is signed in the prese	ence of a	Notary Public or a commissioner for
taking affidavits in Brit	ish Columbia this day o	f	, 20,
at	(place).		
		By	
` •	otary Public or commissioner davits in British Columbia)	_	(Signature of individual applicant)
	Notary Public or commissioner davits in British Columbia)	_	(Print name of individual applicant)
` _	none number of Notary Public for taking affidavits in British Columbia)		



	FOR MINIST	RY USE ONLY
DATE OF APPLICATION:		
BCTS BUSINESS AREA:		
CLIENT NAME:		NO.
COMMENTS:		
	Recommend Registration	Recommend refusal (reasons attached)
	Signature of Authorized person	Signature of Authorized person
Date Signed:		

FS 590A - BCTS - Sept 2023