



INDIVIDUAL APPLICATION FOR REGISTRATION AS A BC TIMBER SALES ENTERPRISE

Application Date: _____ day of _____ (month), 20_____, in

Category 1 - Market Category 4 - Value-added (pick one only).

If you selected Category 4 - Value-added, you must also complete and submit a Schedule A.

To apply for registration, please complete this form and forward it to a BC Timber Sales Business Area office located nearest to where you live, or to where you intend to work. Office addresses can be found here: [BC Timber Sales Contacts page](#).

I acknowledge and request that the timber sales manager immediately cancel any other registration that I hold as a BC timber sales enterprise when this application is approved: Yes No N/A

Name: _____
(Surname) Please Print (First Name - in full) (Middle Name - in full)

Address: _____

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.



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To the Applicant:

A. In this application:

- 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”.

B.

- (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 Only
1. Are you in bankruptcy?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2. Are you at least 19 years of age?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. Are you already registered as a BC timber sales enterprise under the BC Timber Sales Regulation?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
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?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
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> ?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
7. Is there an overdue 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?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
8. If your answer to question 7 is Yes , have arrangements satisfactory to the Revenue Minister been made for the payment of that sum?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>



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YES NO Ministry
Use Only

9. If your answer to question 8 is **Yes**, provide the name of the revenue staff-member handling your file:

10. Have you ever been disqualified as a BC Timber Sales Enterprise?

YES NO

- 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 *Forest Act*?

YES NO

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 *Forest Act*?

YES NO

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 *Forest Act*?

YES NO

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:



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- | | YES | NO | Ministry
Use Only |
|--|-----------------------|-----------------------|--------------------------|
| 17. Have you ever been an officer or director of a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| 18. Are you a person who is not at arm's length with a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| 19. If your answer to question 18 is Yes , state the name and registration number of each of the BC timber sales enterprises that have been disqualified: | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |
| 20. Are you a person who has ever been not at arm's length with a BC timber sales enterprise that has been disqualified under Section 78 of the <i>Forest Act</i> ? | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> |
| 21. If your answer to question 20 is Yes , state the name and registration number of each of the BC timber sales enterprises that have been disqualified and the date on which you ceased being not at arm's length with each of those BC timber sales enterprises: | | | |
| <input type="text"/> | | | |
| <input type="text"/> | | | |

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*.



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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 presence of a Notary Public or a commissioner for taking affidavits in British Columbia this _____ day of _____, 20_____,
at _____ (place).

(Signature of Notary Public or commissioner
for taking affidavits in British Columbia)

By

(Signature of individual applicant)

(Print Name of Notary Public or commissioner
for taking affidavits in British Columbia)

(Print name of individual applicant)

(Address and phone number of Notary Public
or commissioner for taking affidavits in British
Columbia)



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FOR MINISTRY 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: