

TKA TSL HARVEST COMPLETION AND DEPOSIT RELEASE FORM

TSL A _____ Licensee _____ Location _____

Attention: Harvest Technician _____

100 Mile House Fax: 250-395-7810

Kamloops Fax: 250-371-6565

Merritt Fax: 250-378-8481

Clearwater Fax: 250-587-6790

E-MAIL: FORESTS.KAMLOOPSTIMBERSALESOFFICE@GOV.BC.CA

Dear Sir/Madam:

LOGGING COMPLETE:

As per the requirements of my licence, I am informing you that falling and skidding operations are complete, but processing, loading, and hauling are incomplete. There is no standing waste on any block. I am requesting a release of my bidding eligibility on this sale at this time.

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

Block _____ Start Date _____ End Date _____

SUBSTANTIALLY COMPLETE:

As per the requirements of my licence, I am informing you that harvesting and/or road construction operations on this Timber Sale Licence, held in my name, were completed as described below and I am requesting a partial return of my security deposit at this time.

Outstanding post-harvest treatment obligations are as follows:

Residue and Waste survey to be completed by (date) _____

Hazard Abatement & Assessment Form completed by (date) _____

Hazard Abatement to be completed by (date) _____

Road Deactivation / Rehabilitation to be completed by (date) _____

Road Maintenance (grading etc.) to be completed by (date) _____

Grass seeding to be completed by (date) _____

Other Works to be completed by (date) _____

HARVEST COMPLETE:

As per the requirements of my licence, I am informing you that all obligations on this Timber Sale Licence and any associated permits, held in my name, were completed and I am requesting a return of my outstanding security deposit at this time.

AND

I am requesting deletion of the associated Road Permit(s) # _____

I am requesting deletion of the associated Road Use Permit(s) # _____

I have fulfilled all obligations of any Road Use Agreements that I have signed with _____

Yours truly,

Printed name of Licensee _____

Licensee Signature _____

Date _____

CLIENT # _____ Date Rec'd (tech only) _____