

CP/RP Application Form

For persons that require an approved FSP

SUBMIT THIS APPLICATION TO:

New CP CP Amendment New RP RP Addition :

A complete application ⁱ must contain	Application must not contain:
<ul style="list-style-type: none"> ESF date and number ECAS submission (with reserved timber identified in appraisal map)ⁱⁱ Forest Operations Map (FOM) information^{iv} This Form 	<ul style="list-style-type: none"> More than one CP More than one RP (may apply for multiple sections within a RP) Changes to more than one RP or CP

GENERAL APPLICATION INFORMATION

Date of Application:	Licensee Name:
Agreement Type:	Agreement (Licence) ID #:
District:	FN Information sharing summary ⁱⁱⁱ included? Yes <input type="checkbox"/> No <input type="checkbox"/>
Geographic Location (Main drainage name/area):	
FOM required Yes <input type="checkbox"/> No <input type="checkbox"/> FOM ID: #	
if FOM is not in the government platform, please include the summary of comments, considerations, and maps.	

CUTTING PERMIT

Cutting Permit ID:	Cut Block ID(s):
Timber Mark:	CP Term:
Regular CP? Yes <input type="checkbox"/> CFA 1 CP? <input type="checkbox"/> Private Land? <input type="checkbox"/> Blanket Salvage Permit (BSP)? <input type="checkbox"/>	CP Amendments Cutting Permit Boundary Amendment? Yes <input type="checkbox"/> No <input type="checkbox"/> New Cutblock Area? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> New Area in BSP? Yes <input type="checkbox"/> No <input type="checkbox"/> Include Amendment Rationale in comments.
ESF Submission Date:	ESF Submission ID #:
ECAS Submission Date: N/A <input type="checkbox"/>	ECAS ID:
Salvage Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type? Wildfire <input type="checkbox"/> Insect <input type="checkbox"/> Abiotic <input type="checkbox"/> Pathogen <input type="checkbox"/>

ROAD PERMIT

Road Permit ID:	Timber Mark:
Road Permit Section(s) ID:	
Stumpage Determination Form Attached ^v ? (required for all new road permit applications): Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
ESF Submission Date:	ESF Submission ID #:
RP Issue Date:	RP Expiry Date: or N/A <input type="checkbox"/>

DECLARATIONS

I declare:	
that this application is consistent with the rights granted in the Agreement, the Legislation, and is consistent with the operational plan. ¹	Date:
	Name:
	RPF/RFT # ² :
that I have completed and carefully considered the necessary assessments either required in the operational plan or through professional obligations under the <i>Professional Governance Act</i> .	
that I understand incomplete applications will not be accepted, and it is the applicant's responsibility to re-submit a complete or corrected application.	RETURN TO:
	Email Address:
	Phone Number:

¹ Operational Plan means a forest stewardship plan or woodlot licence plan and for the purpose of this form, forest operations plan.

² The Application form must be signed by a registrant or registered forest professional with the Association of BC Forest Professionals as defined in section 6 of the *Professional Governance Act*.

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Operational Plan information	Spatial Overlaps:
Operational Plan type:	WTP/WTRA overlaps harvest area? Yes <input type="checkbox"/> No <input type="checkbox"/>
FSP ID#:	Replacements approved under Section 91 of FPPR? Yes <input type="checkbox"/> No <input type="checkbox"/> FSP R&S <input type="checkbox"/>
Expiry Date:	Identified reserves in the appraisal map overlaps other features/resources? (e.g. CHR) Yes <input type="checkbox"/> No <input type="checkbox"/>
The permit is located within a _____ that and is part of an approved operational plan: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Forest Recreation Regulation Section 16 Approval? Yes <input type="checkbox"/> N/A <input type="checkbox"/> In progress <input type="checkbox"/>
Identify all stream(s) per class(s) within the block(s) and within the RMA adjacent to the cut block boundary(s):	Nat. Range Barrier referral? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Range Development Impacts FRPA Section 51 Approval: Yes <input type="checkbox"/> N/A <input type="checkbox"/> Community Watershed <input type="checkbox"/> Licensed Waterwork <input type="checkbox"/> Fisheries Sensitive Zone <input type="checkbox"/>
Completed Assessments: Please specify the type of assessments below.	Old Growth Overlap: Yes <input type="checkbox"/> No <input type="checkbox"/> If required, a rationale of any incursion of Old Growth is submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	OGMA replacement spatial submitted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Other overlaps? (e.g. GAR) Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes add comments)
COMMENTS/MITIGATION MEASURES/RATIONALE to assist the Ministry in evaluating this application and any local considerations. (Describe all mitigation measures that address the management and conservation of forest and wildlife resources, cultural heritage resources and public safety specific to this application.)	

ⁱ If the application form is incomplete, the ESF or ECAS digital submission may, at the discretion of the district manager, be refused from the government application system.

ⁱⁱ CFAs holders are not required to submit appraisal information into ECAS but they must submit the appropriate Stumpage Determination Form for their Area.

ⁱⁱⁱ First Nation Information Sharing Summary is required by the District Manager’s expectation letter. This and other private or personal information included as part of this application cannot be shared unless requested under a [Freedom of Information Request](#).

^{iv} FOM information must meet prescribed requirements of section 15.1 of the *Forest and Range Practices Act*

^v Stumpage Determination Form equals the “[Interior Stumpage Rate Request Form](#) (short form)” or the “[Miscellaneous Timber Pricing Appraisal Data Submission Form](#)”