



APPLICATION TO PURCHASE INCIDENTAL VOLUME OF CROWN TIMBER (50m³ or less)

This Application does not authorize harvesting

Applicant Information

DATE (MM/DD/YY): _____

I (or We): _____

(Print clearly full legal names)

Address (including postal code): _____

Phone: _____

Cell: _____

Fax: _____

Email Address: _____

MFLNRORD Client #: _____

(If not a current client, please fill out the following [Client Information Form](#) to attach to this application)

I (or We) do hereby request to purchase Crown timber on the following described area in Site Location Information below.

Site Location Information

Geographic Location (<i>attach a detailed map</i>) Use iMapBC or Google Earth to create a map and attach a KML file	
Road Name and Nearest Km	
Date of Site Inspection	
Latitude and Longitude or UTM Coordinates	
Existing Tenure # or ID	
Name of Professional (if used)	

containing approximately _____ hectares.

I have examined this timber and estimate the approximate volume on the above-described area to be _____ m³.
(For help in volume estimation, please contact your local Natural Resource District, a forest professional or use the [online tool](#) to provide a rough estimate.)

Type of timber:

Windthrow Logging residue Landslide Insect/disease Danger Tree Green

Young Other (Please select _____ OR _____)

If other, please describe the use: _____

What is your desired start date and duration (days/weeks/months)? _____

Detailed Estimate of Type and Volume (in cubic metres) to be Removed:

A separate estimate must be completed for each individual site. Attach additional tables as required. Attach photograph(s) to assist with volume estimate and type. Please contact the local Natural Resource District office for assistance if you are unsure.

Timber Type	Species (m3)					
	Species 1	Species 2	Species 3	Species 4	Species 5	Species 6
Species in Application						
Green/Live						
Green attack						
Red attack						
Standing dead						
Green blowdown						
Red or gray blowdown						
Logging residue						
Access/danger trees						
Other (e.g. Special Forest Products)						
TOTAL						

Description of Resources Values and Site:

Map(s) attached: Yes No

Additional information attached (*e.g. agency referral responses or First Nations consultation*): Yes No

Terrain conditions: Flat Rolling Broken Steep Estimate of average slope _____ %.

If there are any areas of steep slopes (over 30%) within this area, locate them on the attached map and describe how these areas will be addressed during operations:

Are there any estuaries, streams, lakes, or wet areas in the identified area: Yes No (*describe below and on the attached map*)

Distance to any estuaries, streams, lakes, or wet areas: _____m.

If so, how will they be addressed during operations:

Suitable season(s) of harvest: Spring Summer Fall Winter

Wildlife trees: Yes No Nesting sites: Yes No Animal dens: Yes No Gullies: Yes No

Archaeological values (*e.g. Culturally Modified Trees*): Yes No Other (*describe below*): Yes No

Detailed description:

Will harvesting result in any damage to regeneration or plantation (*e.g. trails proposed*): Yes No

Proposed skidding method to a central location (*e.g. horse logging, ground skidding, helicopter, handlog*):

Equipment to be used, include power rating & maximum width: _____

If standing timber is involved, do you have a safe certified faller attending the site? Yes No

Describe what measures are in place to ensure the roads, trails and other users are not adversely impacted by the falling of timber: _____

Nature of access: Road Tidewater Air

Please indicate the destination of transported timber: _____

Please indicate how the timber is going to be transported and how the site will be accessed:

Adjacent to a Private Property: Yes No

Tree(s) assessed by a Danger Tree Assessor: Yes No

Land status verified: Yes No

Is a waste assessment has been completed on the cutblock? Yes No N/A

Other relevant info which will assist in the more efficient processing of your application attached: Yes No

Application Signature

Applicant Signature(s) Mandatory:

Signature: _____

Signature: _____

Date (MM/DD/YY): _____

The collection use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The personal information and data requested on this form is collected for the purpose of evaluating requests for an forestry licence to cut and creating a relationship between the Ministry and clients and will be used to monitor the harvesting and removal of Crown timber and for law enforcement purposes in accordance with Division 8.2 of the *Forest Act*.

If you have any questions regarding the collection and use of this personal information, please contact Forest Tenures Branch at ForestTenuresBranch@gov.bc.ca.

Please submit your application to the local [Natural Resource District office](#).