



APPLICATION FOR CASH SALE 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: \_\_\_\_\_

Ministry of Forests Client #: \_\_\_\_\_

If not a current client, please create a client number here: Ministry of Forests client number

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

Site Location Information

Table with 2 columns and 7 rows: Geographic Location, 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:

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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:

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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*):

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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: \_\_\_\_\_

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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:

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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](mailto:ForestTenuresBranch@gov.bc.ca).

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