

**Quesnel Natural Resource District
SMALL SCALE SALVAGE
Post Harvesting Report**

Updated: 2016/02/11

19545-25/FLTC A _____

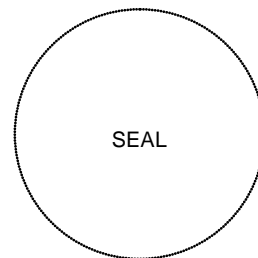
Full Legal name of licensee:	Address of licensee(s):
Client No. _____	
Prepared by: (Name and registration number of the professional that prepared the certificate of completion)	Contact information: (address, phone number, e-mail)

I have reviewed the relevant documents and conducted a field assessment on the area(s) authorized for harvest under this license. As a result, I am able to attest to the completion of obligations as set out in the license in a manner consistent with the identified results, standards and guidelines, subject to specific comments provided below:

All obligations are complete	Yes <input type="checkbox"/> No <input type="checkbox"/>
Obligations are substantially complete with the exception(s) noted below	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Specify obligations not satisfactory completed:	

SPECIFIC OBLIGATIONS	
Harvesting has been conducted in a manner consistent with the license and any requirements attached thereto.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
All timber required by the license to be harvested has been removed from the site.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Waste and residue standards have been achieved.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Measures undertaken to protect soil, water, archeological features and wildlife habitat have achieved the required results.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
All roads, landings and trails have been deactivated or otherwise treated in a manner consistent with the requirements of the license.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The area is Free Growing in accordance with Section 46 of the Forest Planning and Practices Regulation and with the Reference Guide for Forest Development Plan Stocking Standards.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
A map is included with this declaration.	Yes <input type="checkbox"/> NA <input type="checkbox"/>

I certify that the work necessary to complete this declaration has been done or directly supervised by me, and that the information contained herein is accurate.



Professional Signature

Date