



Province of
British Columbia



Ministry
of
Forests,
FLNR

Application for Forestry Licence to Cut SMALL SCALE SALVAGE PROGRAM HARVESTING

Updated: 2012/02/22

19545-25/FLTC A _____

Deliver or Mail to: District Manager	For office use only (Date received by District Manager)
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APPLICANT INFORMATION

I (we) hereby apply for a Forestry Licence to Cut for the purpose of timber salvage on an area and in the manner set out in this application.

Legal name of applicant(s): Client No. _____	Address of applicant(s):
Prepared by:	Contact information:

APPLICATION INFORMATION

Location (Map attached)	(Provide a location in reference to the nearest known geographic feature) (Submit map consistent with the prescribed standards) (Road name and nearest kilometre marker or distance from a known point)
Cause of timber mortality	(Identify the cause and approximate date of mortality. <i>E.g. Windthrow fall 2003</i>)

Timber proposed for removal	Species and volume (m3)	Total
Dead or down		
Endangered		
Live (interspersed)		
Live (access)		
Total volume planned for harvest		

Area (ha.)	Harvest method	Comments (e.g. adjacency, under story protection)

Note: For the purposes of this application “endangered” means timber that is damaged or attacked by insects and can reasonably be expected to die within one year.

Term requested for Licence		Comments (cite reasons for term requested if more than one season or outside normal practise for the area)
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Transportation and scaling information: (identify what roads will be used to transport timber, road permit number if applicable, planned point and method of scaling)



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REVIEW AND APPROVAL INFORMATION

The following information is required for the Ministry to assess this application before it is approved. It is the responsibility of the applicant and the signing professional to ensure this information is complete and accurate. Some or all of the information provided may become part of a Licence issued as a result of this application.

LAND STATUS, FOREST PLANNING, MAPPING AND REFERRALS	
The applicant has conducted appropriate investigations to ensure that the area included in the application is vacant Crown land. The area proposed does not overlap or conflict with private land, Indian reserve, a park or protected area, and is not otherwise encumbered in a manner that would prevent issuance of a Forestry Licence to Cut.	Yes <input type="checkbox"/> No <input type="checkbox"/>
This application is consistent with forest management objectives and results for the area.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
This application is consistent with the forest health strategy or district salvage plan for the area.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Map(s) are attached and comply with the standard required.	Yes <input type="checkbox"/>
A map using IGDS format has been produced and a digital file has been submitted to the MOF.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The proposal has been referred to the appropriate major Licencee and BCTS and documentation of the response is available if required.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The major Licencee and/or BCTS have been provided with an accurate location and assessment of potential impact on silviculture from use of trails and landings in plantations.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
A field assessment has been conducted and all resource features that could reasonably be affected by this application have been assessed and considered in the preparation of the application.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
<i>The area has been checked for the following values and features and appropriate management consideration has been prescribed:</i>	
Other leases, Licences or permits	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Mining, petroleum or other sub-surface or surface tenures	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Wildlife tree patches	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Community watershed or domestic water sources	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Range tenures/fences –(referral required if harvesting within a grazing lease)	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Old growth management areas/wildlife habitat areas/wildlife features	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Classified Lakes/Recreation features	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Forest Ecosystem Networks	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Growth and Yield/Research Areas	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Archaeological Resources	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Roads and trails	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Visual Quality	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Terrain stability	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Other(specify) _____	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Other(specify) _____	Yes <input type="checkbox"/> NA <input type="checkbox"/>

STAND ATTRIBUTES	
Upon completion of harvesting the identified area will retain a free-growing stand, or will be stocked in accordance with section 46 of the Forest Planning and Practices Regulation	Yes <input type="checkbox"/> No <input type="checkbox"/>
A bark beetle survey has been conducted in a manner consistent with the district forest health strategy or locally established guidelines.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
All clearcut areas will be < 1 ha. (including consideration of adjacent areas)	Yes <input type="checkbox"/> No <input type="checkbox"/>
The operations proposed under this application will not materially reduce slope stability on the area or on adjacent areas.	Yes <input type="checkbox"/>

BOUNDARY, ROAD, LANDING, AND TRAIL	
The condition of existing roads, landings and trails has been assessed and documented.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Existing roads and landings are in a condition suitable for use without modification.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Written road maintenance agreements exist with all permit holders.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Trails are marked in the field and identified accurately on the map.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Block boundaries are clearly marked on site and accurately mapped.	Yes <input type="checkbox"/> NA <input type="checkbox"/>

RIPARIAN MANAGEMENT	
All streams are correctly classified and mapped.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Appropriate timing for removal of any skid trail crossings of streams and non-classified drainages is identified.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
Harvest in RMZ is consistent with Forest Planning and Practices Regulation	Yes <input type="checkbox"/> NA <input type="checkbox"/>
RRZ's have been marked in the field to prevent harvest	Yes <input type="checkbox"/> NA <input type="checkbox"/>



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Seasonal Constraints	
All season harvest recommended for this site (low potential for Archaeological Resources and suitable soil conditions)	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The harvest is to occur only when soil is dry or frozen, or when adequate snow pack exists to ensure no soil disturbance.	Yes <input type="checkbox"/> NA <input type="checkbox"/>
The application area has been field assessed by an archaeologist and no further archaeological work is prescribed. Proceed as per archaeologists recommendations.	Yes <input type="checkbox"/> NA <input type="checkbox"/>

RISK RATING			
Estimate the risk of the proposed operations on this area (high, moderate or low) by considering the values at risk and the potential impact of the activity planned activity or the consequences if a contravention occurs.			
	High	Medium	Low
Risk to the road, or road users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riparian features	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocking concerns (quantity or quality of regeneration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Sensitivity / Site Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrain stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Land/ Indian Reserve / Other Tenures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archaeology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Risk Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE OF SPECIAL CONCERNS FOR DISTRICT MANAGER OR FOREST OFFICER TO CONSIDER
Include any requests for exemptions or variances

PROFESSIONAL SIGNATURE and SEAL	NAME
	
_____ Signature I certify that I have reviewed this document and personally supervised the work described and that this work has been carried out to a professional standard.	DATE SIGNED

ACKNOWLEDGEMENT BY APPLICANT	
I certify that I have reviewed all assessments and fieldwork. If issued a Licence I agree to conduct all harvesting operations in accordance with Licence the recommendations of the above named professional, who is authorized to act on my behalf for the purposes of this application.	
Signature: _____	
APPLICANT NAME	DATE SIGNED

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