



STATEMENT OF GENERAL CONFORMANCE

ROAD USE PERMIT CLOSURE REQUEST

To be completed by the Licensee/representative upon request for closure of a Road Use Permit.

Road Use Permit Number: Licensee: Date:

Prior to determination of Road Use Permit closure/modification the District Manager reserves the right to request more information.

Designated Maintainer Branches:

I am a (check one) Registered Forest Technologist, Professional Engineer, Geoscientist or Professional Forester, registered with the appropriate professional association in British Columbia, and I have undertaken professional responsibility for all field reviews required with respect to these road maintenance works. I have taken steps as regulated under the Provincial Statute for my profession and as required by good practice, in order to sign and seal this Statement of Works Conformance.

In my professional opinion:

All road maintenance work is in general conformance and consistent with obligations set out under Road Use Permit (RUP) # _____ for which the RUP was acquired.

FSR/Branch identification: List Branches requested to be removed from RUP (Designated Maintainer Status) *Fill in all applicable boxes.*

Branch _____ from _____ km to _____ km. Transfer obligations Deactivated Left to wilderness level of maintenance.

Branch _____ from _____ km to _____ km. Transfer obligations Deactivated Left to wilderness level of maintenance.

Branch _____ from _____ km to _____ km. Transfer obligations Deactivated Left to wilderness level of maintenance.

I confirm that the Designated Maintainer has contacted all Secondary Users on this road and made them aware of their intentions to surrender/amend out these branches of this road use permit. List of Secondary Users contacted:

Company and contact name: _____

Company and contact name: _____

Company and contact name: _____

Comments: _____

On branches where the Designated Maintainer has obligations that will not be transferred to another road use permit holder, I confirm that as of the date of the inspection (month / day / year _____), all roads listed:

Drainage systems of the road are functional as defined by appropriate legislation and regulations.

The structural integrity of the road prism and clearing width are protected.

Other conditions and obligations named below have been complied with:

Sufficient field reviews of the work considered necessary have been completed, at my discretion. I confirm that the completed work is in general conformance with the accepted prescriptions and other supporting documents prepared for this project have been carried out at appropriate times during the work by me or under my professional direction.

Significant revisions to the prescriptions and supporting documents prepared for this project, including all prescription amendments, have been documented and recorded on a set of drawings (maps) marked "as-built" and, where necessary are described in supporting documents.

Sign and Seal for Designated Maintainer Assigned Branches:

Signature of Qualified Registered Professional		(please affix professional seal here)
Name of Qualified Registered Professional (please print)	Date Signed YYYY MM DD 	
EMPLOYER'S NAME AND ADDRESS (please print)		
Phone No:	Fax No:	Email address:

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Secondary User Branches:

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FSR/Branch identification: Secondary User: List Branches requested to be removed from RUP (Secondary User Status)

Branch _____ from _____ km to _____ km. Designated Maintainer _____

Branch _____ from _____ km to _____ km. Designated Maintainer _____

Branch _____ from _____ km to _____ km. Designated Maintainer _____

Branch _____ from _____ km to _____ km. Designated Maintainer _____

I confirm that the Designated Maintainer has been contacted and is aware of the Secondary User's intentions to surrender/amend out these branches of this road use permit.

Designated Maintainer company name: _____

Designated Maintainer contact name: _____

Comments: _____

Sign and Seal for Secondary User Branches:

Signature of Qualified Registered Professional		<i>(please affix professional seal here)</i>
Name of Qualified Registered Professional <i>(please print)</i>	Date Signed YYYY MM DD	
EMPLOYER'S NAME AND ADDRESS <i>(please print)</i>		
Phone No:	Fax No:	Email address: