



FORESTRY THIRD PARTY STUMPAGE AUTHORIZATION OR CANCELLATION

under the Forest Act, Forest and Range Practices Act, Range Act and Wildfire Act

INSTRUCTIONS

Complete this form to authorize or cancel third party stumpage access on a Ministry of Finance forestry account.

The third party with stumpage authorization can act on your behalf by:

- requesting account information
• directing payments within or outside the account
• directing credit invoices within or outside the program

If you require assistance in completing this form, refer to Page 3.

GENERAL INQUIRIES

Toll free: 1-877-405-4911 ext. 3

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information on this form is collected for the purpose of administering revenue services under the authority of section 26(c) of the FOIPPA. Questions about the collection or use of this information may be directed to the Policy Analyst, Receivables Management Office, PO Box 9445 Stn Prov Govt, Victoria BC V8W 9V5 (telephone: 1-877-405-4911). Email: RMOPOLRS@gov.bc.ca

PART 1 - CLIENT INFORMATION

FULL LEGAL NAME OF CLIENT (individual or business name) CLIENT NUMBER

MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

PART 2 - THIRD PARTY INFORMATION AND AUTHORIZATION

Complete this section to authorize the Ministry of Finance to communicate and exchange account information with this third party. If you would like to authorize more than one third party, list them on a separate page and attach it to this form.

FULL LEGAL NAME OF THIRD PARTY (individual or business name)

MAILING ADDRESS (include street or PO box, city, province and postal code)

TELEPHONE NUMBER FAX NUMBER EMAIL ADDRESS

AUTHORIZATION RESTRICTED TO (Please indicate one or more of the following: timbermark, licence number, scale site, cutblock or N/A if not applicable)

PART 3 - CANCEL YOUR THIRD PARTY AUTHORIZATION

Complete this section to cancel the authorization previously given to the Ministry of Finance to communicate and exchange account information.

FULL LEGAL NAME OF THIRD PARTY TO CANCEL (individual or business name)

PART 4 - CERTIFICATION

This authorization is valid until it is cancelled.

I certify that I am an authorized signing authority. I authorize the Ministry of Finance to communicate and exchange information regarding my forestry account.

FULL LEGAL NAME OF AUTHORIZED SIGNING AUTHORITY

SIGNATURE OF AUTHORIZED SIGNING AUTHORITY TITLE DATE SIGNED YYYY / MM / DD

X

## PART 5 – SUBMIT YOUR FORM

If you have been working with a specific Ministry of Finance employee, provide their name below.

NAME OF MINISTRY EMPLOYEE

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Print, sign, scan (if sending by email) and submit your form using one of the following methods:

**By mail:** Ministry of Finance  
PO Box 9990 Stn Prov Govt  
Victoria BC V8W 9R7

**By fax:** 250-356-5604

**By email:** [FORHVAP.FORREVBR@gov.bc.ca](mailto:FORHVAP.FORREVBR@gov.bc.ca)

**In person:** Visit your nearest ServiceBC Centre. Locations can be found at [servicebc.gov.bc.ca/locations](https://servicebc.gov.bc.ca/locations)

If you email or fax this form, **do not** mail the original document. If you mail this form, keep a photocopy for your records.

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# Instructions for Completing the Forestry Third Party Stumpage Authorization or Cancellation (FIN 145)

under the Forest Act, Forest and Range Practices Act, Range Act and Wildfire Act

## WHO SHOULD USE THIS FORM?

This form allows a company or individual to provide another company authorization on their account in a limited capacity. This is commonly provided to allow one company the ability to direct credit invoices as part of stumpage payment arrangements.

## COMPLETING YOUR APPLICATION

### PART 1 – CLIENT INFORMATION

The client is the licensee.

#### Full Legal Name of Client

For businesses, enter the full business name.  
For individuals, enter the full legal name (first name, middle initial, last name).

#### Client Number

Enter the 8-digit client number assigned to you by the Ministry of Forests, Land and Natural Resource Operations or enter your Ministry of Finance account number (eg. CLM-1234-5678).

#### Mailing Address, Telephone Number, Fax Number and Email Address

Enter your mailing address, telephone number, fax number and email address so our office can contact you if we need to verify information on your account.

### PART 2 – THIRD PARTY INFORMATION AND AUTHORIZATION

The third party is the individual or business being granted access to the account.

#### Full Legal Name of Third Party

For businesses, enter the full business name.  
For individuals, enter the full legal name (first name, middle initial, last name).

#### Mailing Address, Telephone Number, Fax Number and Email Address

Enter the mailing address, telephone number, fax number and email address of the third party our office can communicate and exchange account information with.

#### Authorization Restricted To

This section limits the third party's access to the account. The third party's access can be restricted by timbermark, licence number, scale site and/or cutblock. If there are any other restrictions, please specify in this field.

Enter the timbermark, licence number, scale site and/or cutblock the third party's access is restricted to.

For example: "Authorization is restricted to timbermark A12345" or "Authorization is restricted to timbermark A12345 and scale site 123".

If there are no restrictions, please enter "N/A".

### PART 3 – CANCEL YOUR THIRD PARTY AUTHORIZATION

This section cancels an existing third party's authorization on the account in full.

#### Full Legal Name of Third Party to Cancel

For businesses, enter the full business name.  
For individuals, enter the full legal name (first name, middle initial, last name).

### PART 4 – CERTIFICATION

The form must be signed and dated by an authorized signing authority.

#### Full Legal Name of Authorized Signing Authority

Enter the full legal name of the authorized signing authority (first name, middle initial, last name).

#### Signature of Authorized Signing Authority

Provide the signature of the authorized signing authority.

#### Title

Enter the title of the authorized signing authority (eg. Director).

#### Date Signed

Enter the date the form was signed.

### PART 5 – SUBMIT YOUR FORM

This section outlines how you can submit your completed form.

#### Name of Ministry Employee

Enter the name of the representative who you have been working with; otherwise, leave the field blank.

Submit your completed application form using one of the following methods:

**By mail:** Ministry of Finance  
PO Box 9990 Stn Prov Govt  
Victoria BC V8W 9R7

**By fax:** 250-356-5604

**By email:** FORHVAP.FORREVBR@gov.bc.ca