TRANSFER GUIDELINES VARIANCE REQUEST

ATTACH COMPLETED FORM TO OPENING FILE NO. AND/OR SP

APPLICANT'S INFORMATION

REQUESTING AGENCY NAME	DISTRICT: Invermere	
ADDRESS	PHONE	FAX
SUBMITTED BY *(print name and title)*	SIGNATURE	DATE (Y M D)

SEED / VEGETATIVE LOT INFORMATION

SPECIES	LOT NO.	GENETIC CLASS	LOCATION	LATITUDE	LONGITUDE

ELEVATION Mean:	Min.:	Max.:	SEED PLANNING ZONE(S)	BGC	ASPECT	NO. OF TREES (k)	REQUEST KEY NO.

OTHER INFORMATION

SITE DESCRIPTION

LOCATION	LATITUDE	LONGITUDE	ELEVATION Mean:	Min.:	Max.:	SEED PLANNING ZONE

BGC, SUBZONE AND VARIANT	ASPECT	OPENING NO.	LICENCE NO. / BLOCK NO.

OTHER INFORMATION

TRANSFER GUIDELINES (complete applicable sections)

LATITUDE N	LATITUDE S	LONGITUDE W	LONGITUDE E	ELEVATION (m) Up Max.:	ELEVATION (m) Down Min.:	OTHER	VARIANCE EXCEEDS LIMITS BY

REASON(S) FOR REQUEST

(attach additional pages or maps, if necessary)

OFFICIAL USE ONLY

REMARKS

☐ APPROVED
☐ NOT APPROVED

DISTRICT MANAGER OR AUTHORIZED PERSON'S NAME AND TITLE: T. Wideski - District Manager - Rocky Mountain Forest District

DATE (Y M D)

SIGNATURE

DISTRIBUTION: File: 18140-20 - Seed Transfer Variances and Opening File