



# APPLICATION FOR A LICENCE TO CUT

Pursuant to Section 47 of the *Forest Act*

## FOR MINISTRY USE ONLY

U.T.M. Grid	ZONE	EAST		NORTH		REG.	COMPT.	L	Reference Map
MANAGEMENT UNIT		TIMBER SUPPLY AREA				PULPWOOD AGREEMENT		CASCADES	
TYPE		NUMBER							
NUMBER		BLOCK						EAST	
BLOCK		SUB-BLOCK						WEST	
FOREST REGION					FOREST DISTRICT				

## APPLICATION FOR A LICENCE TO CUT

TO THE REGIONAL/DISTRICT MANAGER, _____, BRITISH COLUMBIA	DATE OF APPLICATION YYYY MM DD
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I / WE HEREBY APPLY FOR A LICENCE TO CUT FROM THE FOLLOWING AREA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ LAND DISTRICT,

OCCUPIED UNDER THE FOLLOWING TENURE: (CHECK ONE)

<input type="checkbox"/> Agricultural lease	<input type="checkbox"/> Grazing lease	<input type="checkbox"/> Agreement to purchase	<input type="checkbox"/> Lake salvage
<input type="checkbox"/> Industrial lease	<input type="checkbox"/> Access road R.-of-W.	<input type="checkbox"/> Mineral claim	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Residential lease	<input type="checkbox"/> Easement	<input type="checkbox"/> Placer lease	

FILE NO.	and/or	LEASE NO.	<i>COPY OF TENURE SHOULD BE ATTACHED.</i>
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ESTIMATED VOLUME OF TIMBER _____ cubic metres	HAS AREA BEEN SURVEYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>IF AREA UNSURVEYED, ATTACH SKETCH.</i>
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APPLICANT'S NAME		APPLICANT'S NAME	
ADDRESS _____		ADDRESS _____	
PHONE NO.	FAX NO.	POSTAL CODE	POSTAL CODE
APPLICANT'S SIGNATURE	DATE SIGNED YYYY MM DD	APPLICANT'S SIGNATURE	DATE SIGNED YYYY MM DD

PERSONAL IDENTIFICATION			
DATE OF BIRTH YYYY MM DD	B.C. DRIVER'S LICENCE	DATE OF BIRTH YYYY MM DD	B.C. DRIVER'S LICENCE

IF APPLICANT IS A REGISTERED CORPORATION, INDICATE CORPORATION REGISTRATION NO. \_\_\_\_\_

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LICENCE TO CUT NO.	IS CRUISE REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	VOLUME CRUISED _____ cubic metres
LOCATION	LAND MANAGER AT	
COMMENTS _____	CLIENT NO.	DATE SIGNED YYYY MM DD
	SIGNATURE	