

Major Licensee/BCTS Referral Form

Applicant Portion (complete section A - D)

Date: _____
 To : _____ (Major Licensee / BCTS)
 _____ (Major Licensee / BCTS representative)

To Whom It May Concern:

Please review the following information regarding a proposed small scale salvage operation:

A) Attached is a copy of a location map (1:50,000 or 1:20,000) for approximately _____ m3 of
 _____ timber in the area of _____.

B) To access and/or process this timber, existing plantation(s) will be impacted:
 Yes No (If "No" was checked skip to section C. If "Yes" was checked, complete next question):

The plantation is free-growing (as per definition in *Establishment to Free Growing Guidebook*):
 Yes No (If "Yes" was checked skip to section C. If "No" was checked complete the following):

Attached is a 1:10,000 map that indicates the location of all proposed trails and / or landings that will impact your plantation. Total length of all skid trails is _____ m.

Note that all skid trails will not exceed 5 m in width. Total size of all landing is _____ ha.
 Note that any single landing will not exceed 0.2 ha in size.

C) Other information relevant to this application (include any other information relevant to your proposal):

D) Applicant contact information and verification:

Name: _____ Signature _____
 Phone _____ Fax: _____ E-mail: _____

Major Licensee / BCTS Portion

Please review the information contained above and the attached map(s) and complete the following:

We have no concerns with the proposed small scale salvage application. We have no future plans within the shelf-life* of the timber within the proposed area. The proposed impacts on our silviculture obligations from Section B above have been reviewed and are acceptable**.

This proposal is also acceptable in terms of its potential impacts to Landscape Biodiversity Objectives. Comments:

* Shelf-life is the length of time after death that the tree will be useable considering the current merchantability specifications for salvage timber. **Note that this may require a Site Plan or Silviculture Prescription amendment

We cannot agree with the proposed small scale salvage application for the following reasons:

Signature of Company Official	Print Name	Date
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Please return to applicant identified in section "D" above.



BRITISH COLUMBIA



Ministry of Forest and Range

SMALL SCALE SALVAGE PROGRAM

Prince George Forest District Guidelines

**Client Information Form
(For Company, Association, Society)**

File: 265/Client/Minor

Client No.: _____
(for ministry use)

Name of Corporation: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Incorporation Number: _____ WCB No.: _____

Reporting Status: No: _____ (Please fill out section below)
Yes: _____ (Company would need to be selling public shares)

Mailing Address of Head Office (If different from above)

Street/P.O. Box: _____

City: _____ Province: _____ Postal Code: _____

Principal Officer's Surname: _____ Client #: _____

Principal Officer's Signature: _____

IF MORE THAN ONE SIGNING AUTHORITY IS REQUIRED, EACH PERSON MUST COMPLETE A CLIENT FORM

For company officers with signing authority

Officer's Surname: _____ Client No.: _____

First Name: _____ Middle Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone No: Home: _____ Work: _____ Fax: _____

Driver's Licence No.: _____ Other I. D.: _____

Birthdate: Year.: _____ Month: _____ Day: _____

Signing Authority: Yes (____) No (____) Sample Signature _____

Percent Ownership: _____



BRITISH COLUMBIA



Ministry of Forest and Range

SMALL SCALE SALVAGE PROGRAM

Prince George Forest District
Guidelines

**Client Information Form
(For Individual)**

File: 265-20/Client/Minor

Client No.: _____
(for ministry use)

Surname: _____

First Name: _____ Middle Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Numbers: Home: _____ Work: _____ Fax: _____

WCB No.: _____

PERSONAL INFORMATION:

Driver's Licence No.: _____

Birthdate: Year.: _____ Month: _____ Day: _____

Other Personal Identification: _____

Sample Signature _____