



## APPLICATION FOR AN OCCUPANT LICENCE TO CUT Pursuant to Division 8.2 of the Forest Act

Occupant Licence to Cut File No.  
(if amending existing licence)

### SECTION A – APPLICANT DETAILS

Name	If applicant is a registered corporation, indicate CORPORATION REGISTRATION No. _____	
E-Mail		
Physical Address	Phone	Cell
	<input type="checkbox"/> Active Client	Client No.
Mailing Address	<input type="checkbox"/> New Client * Requires BC Driver's Licence / Birth Certificate	
	BC Driver's Licence or BC Identification Number.	

### SECTION B – LICENCE DETAILS

OCCUPIED UNDER THE FOLLOWING TENURE: <i>(CHECK ONE)</i>	Authorization under the <input type="checkbox"/> LAND ACT <input type="checkbox"/> FOREST ACT	
<input type="checkbox"/> Agricultural lease	<input type="checkbox"/> Access road Right of Way	<input type="checkbox"/> Mineral claim
<input type="checkbox"/> Industrial lease	<input type="checkbox"/> Easement	<input type="checkbox"/> Placer lease
<input type="checkbox"/> Residential lease	<input type="checkbox"/> Agreement to purchase	<input type="checkbox"/> Special Use Permit
<input type="checkbox"/> Grazing lease	<input type="checkbox"/> Lake Salvage	<input type="checkbox"/> Other (Details Required)
FILE NO. For Rights of Occupancy	And /or LEASE NO.	COPY OF OCCUPANCY TENURE SHOULD BE ATTACHED.
Term of Occupancy Agreement	From (YYYY-MM-DD)	
ESTIMATED VOLUME OF TIMBER - Coniferous _____ m <sup>3</sup> Deciduous _____ m <sup>3</sup>		Volume Estimate completed by Registered Forest Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No
Merchantable Timber <input type="checkbox"/> Yes <input type="checkbox"/> No	Requesting purchase of timber <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Area Been Surveyed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Term _____ (Note: Occupant Licence to Cut term cannot exceed the term of the occupational term)		<b>Attach Map if Area is un-Surveyed</b>
Comments		

**NOTE:** Additional information may be required, contact FCBC or the Natural Resource District Office for Details

### SECTION C – OTHER RESOURCE VALUES

Has any referral to First Nations whose traditional territory overlaps the area been completed? (attach correspondence details) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional details about other Resource Values (Wildlife, Creeks, Terrain):

### SECTION D – APPLICANT SIGNATURE

Applicant is aware that requirements vary by Natural Resource District – ESF submission may be required, and may be subject to a Security Bond.	
Do you have any outstanding money owing to the Ministry of Forests, Lands and Natural Resource Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE	DATE SIGNED YYYY - MM - DD
SIGNATURE	DATE SIGNED YYYY - MM - DD