

Application for Relief under FPC Act s162.2 (2)

PROPONENT MUST FILL IN ALL SHADED AREAS ON THIS FORM AS APPLICABLE

										NO.				
REGION		DISTRICT		LICENSEE NAME						EVENT NAME (IF APPLICABLE)				
MAPSHEET & OPENING NO.		LICENCE NO.		CUTTING PERMIT		TIMBER MARK		CUTBLOCK		DATE OF DAMAGING EVENT		GROSS AREA	NET AREA TO BE REFORESTED	
DATE RECEIVED BY DISTRICT OFFICE			TYPE OF RELIEF REQUESTED											
			<input type="checkbox"/> FUNDING <input type="checkbox"/> RELIEF FROM OR MODIFICATION OF FREE GROWING OBLIGATION											
DESCRIPTION OF DAMAGING EVENT														
DAMAGE AGENT		DESCRIBE THE EXTENT AND SEVERITY OF DAMAGE												
CODE (ISIS)	%													
Confirmation of FPC Act s162.2(2) Eligibility <input type="checkbox"/> Obligation cannot be met without significant extra expense due to the damaging event <input type="checkbox"/> Obligation holder did not cause or contribute to the cause of the damage								<input type="checkbox"/> Obligation holder contributed to the cause of the damage but only as a result of an officially induced error <input type="checkbox"/> Obligation holder exercised due diligence in relation to the cause of the damage					SUMMARY OF DUE DILIGENCE PRACTICES (Describe how due diligence was achieved in relation to the damaging event)	

FOREST COVER - PRIOR TO THE DAMAGING EVENT *																						
SU	AREA (ha)	STOCKING		SPECIES COMPOSITION										AVG AGE (yrs)	AVG PLANTED (yrs)	AVG HT. (0.1m)	REF YEAR	SITE INDEX		DENSITY (sph)	WELL SPACED (sph)	FG (sph)
		STATUS	TYPE	SP	%	SP	%	SP	%	SP	%	SP	%					SP	%			

FOREST COVER - AFTER THE DAMAGING EVENT *																						
SU	AREA (ha)	STOCKING		SPECIES COMPOSITION										AVG AGE (yrs)	AVG PLANTED (yrs)	AVG HT. (0.1m)	REF YEAR	SITE INDEX		DENSITY (sph)	WELL SPACED (sph)	FG (sph)
		STATUS	TYPE	SP	%	SP	%	SP	%	SP	%	SP	%					SP	%			

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PROPOSED ACTIVITY PLAN					
SU	PLANNED YEAR	PROPOSED ACTIVITY REQUIRED TO RESTORE PLANTATION TO PRE-EVENT STATUS	PLANNED TREATMENT OR SURVEY AREA	ESTIMATED EXPENSE	DM APPROVED ACTIVITY

TIMEFRAME TO RESTORE STAND	CONTACT NAME	TELEPHONE NO.
I confirm that the information included in this report is accurate and complies with the conditions of FPC Act s162.2.	RFP NO.	SIGNED BY REGISTERED PROFESSIONAL FORESTER
		DATE SIGNED

DISTRICT MANAGER DETERMINATION

RELIEF GRANTED FROM OBLIGATION
 FUNDING APPROVED AS PER DM APPROVED ACTIVITIES IN PROPOSED ACTIVITY PLAN
 ALTERNATE COURSE OF ACTION

DETAILS OF DISTRICT MANAGER DETERMINATION

ALTERNATE COURSE OF ACTION

SU	YEAR	ACTIVITY	ACTIVITY AREA	ESTIMATED EXPENSE

DISTRICT MANAGER SIGNATURE	DATE OF DETERMINATION