



BCTS Block Deletion Approval form

Rationale

Block LRM Information

Block Licence/ID: _____ Block UBI: _____

Block Status: Check ALL that apply				
Pre-DIP Started - Done	DIP Started – Done	DIP Completed – Planned	DIP Completed – Done	

Block Cost Information

Response Center	Service Line	STOB	Amount

If wanting to transfer costs to another block, please indicate the Block UBI project code in CFS to receive costs (if applicable). **Block UBI project code in CFS:** _____

Approvals

Supervisor	Date
Business Manager	Date
Timber Sales Manager	Date
HQ Director, Business/Sr Manager, Business Management	Date

Confirmation of:

Block deletion in LRM: Date: _____ Name: _____

GIS spatial deletion: Date: _____ Name: _____