



APPLICATION FOR A LICENCE TO CUT

Pursuant to Section 47 of the *Forest Act*

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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	PHONE NO.	FAX NO.	POSTAL CODE
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APPLICANT'S SIGNATURE	DATE SIGNED YYYY MM DD	APPLICANT'S SIGNATURE	DATE SIGNED YYYY MM DD
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PERSONAL IDENTIFICATION

S.I.N.	DATE OF BIRTH YYYY MM DD	B.C. DRIVER'S LICENCE	S.I.N.	DATE OF BIRTH YYYY MM DD	B.C. DRIVER'S LICENCE
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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
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LOCATION	LAND MANAGER AT
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COMMENTS _____	CLIENT NO.
	SIGNATURE
	DATE SIGNED YYYY MM DD