



APPLICATION FORM: FOREST PERMIT

Issued under NSW Forestry Act 2012 (s.60)

Applicant Details

Name of organisation: _____ ABN: _____

Postal Address: _____

Full Name of Primary Contact _____

Role/Position of Contact: _____ Email: _____ @ _____

Postal Address: _____

Phone: _____ Fax: _____ Mobile: _____

State Forest Details

List the State forest you propose to use under this permit: _____

Describe the areas within the State forest you propose to use by providing maps of locations/size/routes: _____

Purpose and Activity Details - Please ensure to provide sufficient details to the nature and extent of your activity.

What is the purpose or plan for the permit area? Attach any relevant documents that may assist in describing the work you are wishing to undertake

How many people/vehicles will be covered by this permit

Are you requesting any Special Conditions for this activity?

Start Date _____ Duration _____



Are all vehicles used within the permit area registered and comprehensively insured for public roads? Yes No

Are all drivers of the above vehicles appropriately licenced for the class of vehicle? Yes No

Documentation Requirements

- All permit holders must hold Public Liability Insurance \$20 million. Please ensure Forestry Corporation of NSW is listed as an "interested party" on the Certificate of Currency.
- All permit holders must hold Workers Compensation Insurance.
- The permit applicant must sign and return the **Conditions of Forest Permit – Grazing** prior to the Permit being issued.
- All vehicles used within the permit area must be registered and comprehensively insured.
- All drivers of the above vehicles must be appropriately licenced for the class of vehicle.

Payment - the Application Fee must be paid prior to the Permit being issued

Application fee \$365.00 (no GST).

Forestry Corporation of NSW will contact you for credit card details.

Submitting this form:

Mail the form to Forestry Corporation, PO Box 168 Wauchope NSW 2446 or **email** to landadministration@fcnsw.com.au.

Please allow a minimum of four weeks pending FCNSW's satisfaction of the application documentation for your application to be processed.

Declaration

I/we hereby declare that the information provided is correct to the best of my/our understanding.

Signature: _____ Date: _____

Name: _____