Use this form to apply for a Forest Permit – Activity issued under NSW *Forestry Act 2012* (s.60). Application and usage fees apply under the Forestry Corporation of NSW Recreation and Tourism Policy and associated Tool Kit.

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| **APPLICANT DETAILS** | | | | | | | | | | | |
| Name of Organisation or Individual: |  | | | ABN: | | |  | | | | |
| Postal Address: |  | | | | | | | | | | |
| Name of Primary Contact: |  | | | | | | | | | | |
| Role / Position of Contact: |  | | | | | | | | | | |
| Postal Address: |  | | | | | | | | | | |
| Contact Phone: |  | Fax: |  | | | Mobile: | | |  | | |
| Email Address: |  | | | | | | | | | | |
| Have you as an individual, or part of a club or an organisation, held a Forest Permit before? | | | | | Yes | | |  | | No |  |

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| **STATE FOREST DETAILS** | |
| List the State Forests you propose to use under this permit: |  |

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| **PROPOSED ACTIVITY / EVENT DETAILS** *(please provide sufficient details on the nature and extent of your activity)* | | | | | | | | | | | | | | | | |
| What is the proposed activity / event? *(e.g. mountain bike event, commercial tour, training)* | | | |  | | | | | | | | | | | | |
| Event Type: | Local: |  | Regional: | |  | State: | | |  | National: | | |  | International: | |  |
| What are the proposed activity / event times and dates? *(Please include your clean-up timeframes)* | | | |  | | | | | | | | | | | | |
| Are you a member of a Peak Body? If yes, please provide details | | | |  | | | | | | | | | | | | |
| Are there any licencing requirements? | | | | Yes | | |  | | | | | No | | |  | |
| How many participants are expected at this activity / event? | | | |  | | | | | | | | | | | | |
| How many spectators are expected at this activity / event? | | | |  | | | | | | | | | | | | |
| Are you requesting any special conditions for this activity / event? If yes, please provide details *(e.g. road closures, exclusive use)*. | | | |  | | | | | | | | | | | | |
| Are all vehicles used within the permit area registered for public roads? | | | | Yes | | | |  | | | No | | |  | | |
| Are all drivers of the above vehicles appropriately licenced for the class of vehicle? | | | | Yes | | | |  | | | No | | |  | | |
| For commercial activities, what is the intended entry charge or participation charge per person? | | | |  | | | | | | | | | | | | |
| Are you considering the use of quad bikes?  *Guide: Emergency Response only under FCNSW approval. Must have Conditional Registration.* | | | |  | | | | | | | | | | | | |
| Are you interested in marketing and / or cross promotional opportunities with FCNSW? | | | | Yes | | | |  | | | No | | |  | | |

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| DOCUMENTATION REQUIREMENTS (*All documents MUST be provided – Please tick, or mark N/A)* | |
| Attached*(Y / NA)* | Document Description |
|  | Copy of Certificate of Currency for Public Liability Insurance $20 million *– please make sure you list Forestry Corporation of NSW as an “interested party” on the Certificate of Currency.* |
|  | Copy of Certificate of Currency for Workers Compensation Insurance. |
|  | Map showing proposed State Forest, route/s and footprint *(GPS / KML data preferable).* |
|  | Event Management Plan – including Risk Assessment, Medical Evacuation, Safety, Environment, Spectator Management and Traffic Management.*Guidance: check with your local Industry Peak Body.* |
|  | If providing training, copy of all trainers / assessors / supervisor’s qualifications and accreditations. |

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| **PAYMENT** *(The application fee must be paid prior to the permit being issued. Your Forestry Corporation contact will advise the applicable application fee).* |
| *Forestry Corporation of NSW will issue the applicant/permittee an invoice for payment of fees.* |

***Note:*** *A copy of the Standard Conditions pertaining to your activity will be issued with your Permit. Please note that Quality Assurance Audits will be undertaken by FCNSW staff to ensure compliance with these conditions.*

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| DECLARATION | | | |
| I/we declare that the information provided is correct to the best of my/our understanding.  I/we will abide by all permit conditions. | | | |
| Name: |  | | |
| Signature: |  | Date: |  |

## SUBMITTING THIS FORM

* **Mail** the form to your local Forestry Corporation Office or **Email** the form to visit@fcnsw.com.au

Privacy: Information collected will not be given to any other third party except where required by law. All information provided will be held by Forestry Corporation of NSW and will be managed in accordance with provisions under the *Privacy and Personal Information Protection Act 1998.*