



Management Commitment

Note: The information on this form is collected to process your application for managed forest land classification. Confidentiality of information contained within this form and information gathered by the Managed Forest Council is governed by the *Freedom of Information and Protection of Privacy Act*.

PART 1: Registered Owner

Name:			Agent:		
Contact Person:			Contact Person:		
Telephone #:	Facsimile #:		Telephone #:	Facsimile #:	
Email:			Email:		
Address:			Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:

PART 2: Identification of Lands (Indicate on a location map. Attach an appendix if description is lengthy.)

Local government (nearest municipality or regional district):			
Legal Description	Assessment Roll Number	Parcel Identifier PID	Area (hectares)
Is there a residence / dwelling on the parcel(s) listed above?	Yes	No	

PART 3: Long Term Forest Management Objectives

State long-term management objectives for the property. Must include objective regarding the growing and harvesting of trees. Also include objectives for reforestation, fire protection, soil conservation, water quality, fish habitat, wildlife habitat, where appropriate.

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Name from Page 1:

PART 4: Strategies to Achieve Forest Management Objectives

Specify the forest management strategies that will be employed with respect to the long-term forest management objectives stated in Part 3. May include, but is not limited to, the following:

- | | | |
|-----------------------------------|---------------------------|--------------------------------------|
| a) harvesting | d) forest fire prevention | g) spacing and pruning |
| b) water quality and fish habitat | e) reforestation | h) fertilization |
| c) soil conservation | f) brushing | i) forest health and pest management |

PART 5: Soil Quality Assessment

Enter the total area of the land classified as good, medium and poor, as well as inoperable and nonproductive. See MC Instructions.

Site Class	Good	Medium	Poor	Inoperable*	Nonproductive**	TOTAL
Area (hectares)						

* Inoperable means land which is productive for commercial tree species but its physical nature prevents harvesting by current methods

** Nonproductive means land that is physically incapable of growing commercial tree species

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Name from Page 1:

PART 6: Inventory of Existing Roads

Attach a map indicating the location of existing roads within the property. This information may be on the same map as for Part 7.

PART 7: Forest Cover Information

Attach a map indicating forest cover. Must identify any Land to Reforest areas (LTR) greater than one (1) hectare. Enter total LTR area in table. See MC Instructions for detail.

Land to Reforest total area (hectares)	
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PART 8: Commercial Species

Specify the species of commercial trees that will be used for reforestation at any time in the future.

PART 9: Distance to Log Dump (on Coast) or Sawmill (in Interior)

Identify the category that applies as an average for the entire area identified in Part 2.

less than 32 km	between 32 km and 64 km	greater than 64 km
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PART 10: Topography

Identify the slope category that applies as an average for the entire area identified in Part 2.

less than 40%	between 40% and 60%	greater than 60%
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PART 11: Restrictions on Forest Activities

Identify any known restrictions on forest activities such as the growing and harvesting of trees. This might include covenants or local bylaws.

PART 12: Commitments

I hereby commit to:

- use the specified lands for the production and harvesting of timber;
- harvest trees in accordance with the Act and regulations;
- reforest the areas as required under the Act and regulations;
- pay the annual administration fee and any levy; and
- pay the exit fee, if applicable.

I hereby recognize the authority of the Council under the *Private Managed Forest Land Act* and persons authorized under the Act by the Minister responsible for the administration of the *Wildlife Act* to enter onto my lands to determine compliance with the Act and Regulations.

Signature of Owner or Authorized Agent

Printed Name

Date (dd/mm/yyyy)

I certify that the content within Parts 3, 4, 5, 7, 8, and 11 fulfills the standards expected of a registrant of the Association of BC Forest Professionals (ABCFF) and that I did personally supervise the work.

Signature of Registered Forest Professional authorized by the ABCFP to undertake the work

Printed Name and Professional Designation

Date (dd/mm/yyyy)