

State of California
Department of Forestry and Fire Protection

(Administrative Use Only-Area _____)
(Plan No. _____)
(Date Received _____)
(Amendment Number _____)

LICENSED TIMBER OPERATOR RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR §§ 1035.3(a)(1)-(2), 1092.14(a)(1)-(2).)

Harvesting Plan Number: _____

Licensed Timber Operator Information

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____ LTO Number: _____

I hereby agree to abide by the terms and specifications of the plan. I have read and understand my responsibility as LTO, as described under 14 CCR §§ 1022.4, 1090.12 and 1092.14. I agree to fulfill my responsibilities as an LTO as they pertain to this plan.

LTO Signature: _____ **Title:** _____

Responsible On-Site Contact (if different)

Name: _____

Printed Name: _____ Date: _____

Street Address/PO Box: _____ City: _____ Zip: _____

Telephone Number: _____

REGISTERED PROFESSIONAL FORESTER (RPF) RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR § 1035.1)

RPF Certified to Provide Professional Advice:

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____ RPF Number: _____

I have read and understand my responsibility as RPF, as described under 14 CCR § 1035.1(a)-(g). I agree to fulfill my responsibilities as an RPF as they pertain to this plan.

[] Yes [] No I have been retained as the RPF available to provide professional advice to the licensed timber operator and timberland owner upon request throughout the active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

RPF Signature: _____

PLAN SUBMITTER RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR § 1035)

Plan Submitter

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____

I have read and understand my responsibilities as Plan Submitter as described under 14 CCR § 1035. I certify that I have fulfilled my legal obligation as stated in the forest practice rules and agree to fulfill my responsibility as the plan submitter as it pertains to this plan.

Yes No I have retained the services of an RPF to provide professional advice to the LTO and timberland owner upon request throughout active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

Yes No I have authorized the timberland owner to perform the services of a professional forester, understanding that the services will be provided personally on lands owned by the timberland owner.

Plan Submitter Signature: _____

TIMBERLAND OWNER RESPONSIBILITY ACKNOWLEDGEMENT

(As 14 CCR § 1035(d)(2)(B))

Timberland Owner

Name: _____

Street Address/PO Box: _____ City: _____ Zip Code: _____

Telephone Number: _____

I have read and understand my responsibilities as timberland owner as described under 14 CCR § 1035(d)(2)(A)–(C). I certify that I have fulfilled my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibilities as the timberland owner as it pertains to this plan.

I understand that I have been authorized by the plan submitter to perform the services of a professional forester pursuant to the Landowner exception in PRC § 757, and such services will be personally performed only on those lands that I own.

Timberland Owner's Signature: _____