



HARVEST AUTHORITY REQUEST

Before you apply

- Harvesting licence amendment and renewal applications may be subject to 30 day public and First Nation notification per Section 18(1) of the *Forest Resources Act*.
- Pursuant to the *Forest Resources Act* the Director may issue or refuse an amendment, permit, termination or renewal. If refused an explanation for refusal will be mailed to the licensee/permittee.
- Licensee's maximum allocation volumes are determined by their category under the [Commercial Timber Harvest Allocation Procedure \(CTHAP\)](#).
- Ensure your YG Corporate Registry business number is active through [Corporate Affairs](#).
- All harvest reports and stumpage fees must be up to date.
- All authorizations may include a minimum harvest volume. Failure to harvest the volume may result in termination or amendment of the authorization.
- All applications are processed on a first-come, first-served basis.

For further information contact Forest Management Branch at 867-456-3999.

Have you discussed your application details with a forester?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any outstanding fees and/or harvest reports under the <i>Forest Resources Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Since your original application, have you purchased or leased specialized harvest equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the specialized harvest equipment: _____		

Applicant information

Registered business name		Contact	
Harvest licence / cutting permit #		Category	
Application type: <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Additional cutting permit			
Client requested termination of: <input type="checkbox"/> Licence <input type="checkbox"/> Cutting permit			
THP	OU/block	Term: _____ yrs OR <input type="checkbox"/> Full term per CTHAP	Volume: _____ m ³ OR <input type="checkbox"/> Full volume per CTHAP
Provide the reason for your request below:			

Signature – applicant consent

I/we certify that all submitted information is true and correct, to the best of my/our knowledge and belief.

I/we confirm that, if approval is granted, all activities will be undertaken consistently as outlined in this application and in compliance with any terms or conditions as may be specified or contained in said licence and associated permit.

I/we acknowledge that the information contained in or attached to this application is being collected under the authority of the *Forest Resources Act* section 17(1), *Access to Information and Protection of Privacy Act* section 15(c)(i) and is used for the purpose of reviewing forest tenure applications. The application may be made available to government and the public as part of the review process per the *Forest Resources Act* section 18(1). For further information contact the Department of Energy, Mines and Resources, Forest Management Branch at 867-456-3999 or toll free at 1-800-661-0408 ext. 3999.

<input type="checkbox"/> I confirm that the information provided herein is accurate and true to the best of my knowledge.	Print name: _____
	Date: _____

Office use only

District	Received by	Date
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