Quota Holder Request for Forward Cut

(Request must be submitted prior to March 1 of the year for which it is being requested)

Timber Sale # __________, held in the name of ________________________________, requests approval to forward cut:

______ year(s) or ________ m³ of hardwood quota volume and/or
______ year(s) or ________ m³ of softwood quota volume.

If approved I will submit an amended Scaling Plan for the additional volume.

Timber Sale Holder signature________________________ Date________________
Print name:________________________________________

________________________________________________________

Regional Approval of Forward Cut Request

This request for forward cut is:

Approved: _____ Denied: _____ Reduced Volume Approved: _______ m³ HW _______ m³ SW

taking into account regional capability to plan and implement the increased harvest, supervision, inspections, and renewal efforts, and the past performance of the Timber Sale holder.

Comments/Conditions:________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Regional Forester (or designate) signature: _______________________ Date: __________
Print name: __________________________________________

Forward Cut Volume Approved by FML Forester or designated Planner (If required)

Signature: ____________________________ Date: __________
Forest Management Approval of Forward Cut Request

This request for forward cut is:

Approved: __________  Denied: __________

taking into account the reporting and payment record of the Timber Sale holder.

Reason for Denial: ______________________________
______________________________________________________________________________

Timber Sales Manager (or designate) signature:________________________Date:____________

Print name:____________________________