



**GUYANA FORESTRY COMMISSION
APPLICATION FOR
STATE FOREST AUTHORIZATION – SMALL CONCESSIONS**

NEW APPLICATION

Vacant Area #

Part 1: (To be completed by Applicant)

1. Name of applicant

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2. If application is made by individual or Registered Business –

(a) Residential Address

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(b) Contact Details

Home..... Mobile.....

E-mail.....

(c) Postal Address (if different)

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.....

(d) If registered as a business:

Date registered Expiration date

3. If application is made by a body corporate-

(a) Address of Registered Office

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.....

(b) Office #.....Fax#.....

E-mail.....

(d) Date & Place of Incorporation (Applicant are required to provide a copy of Certificate of Incorporation of equivalent)

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(e) Nature of current Company

.....



(f) Names, addresses and nationality of directors or equivalent officers –

No.	Name	Nationality	%Shares
1.			
2.			
3.			
4.			

(g) Financial Status [Applicants may be required to provide proof of Corporation Tax Registration and payment over the previous year or for such other period as the Commissioner of Forest may determine]

(h) Name(s) of Signatory or Signatories

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4. Identify the area in respect of which the application is made (map to be attached)

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5. Give details of your knowledge of the area.

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6. Full particulars of technical competence and previous experience in forest exploration and production operations [Applicants are required to provide a record of their exploration and production experience in Guyana]

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7. Description of proposed Operations(Please specify the number of people to be employed and the quantity and type of equipment to be used)

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8. Give details of forest produce required.

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9. State proposed markets for the produce.

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10. State your contributions to rural economies

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11. Tick to indicate which of the following documents were submitted

- 1. Business Registration (if registered as a business entity)
- 2. TIN certificate
- 3. Vehicle(s) registration
- 4. Certificate of Incorporation (if registered as a company)
- 5. Valid form of identification (ID or passport)
- 6. List of equipment and proof of ownership (registration, receipts etc.)
- 7. Map of the vacant area
- 8. Police Clearance
- 9. NIS &GRA compliances

I/WE DECLARE:

- I. That I/WE have inspected the area and that the produce required is available,**
- II. That I/WE am/are aware that a specified Quota of forest produce and Log Tracking Tags will be associated with the issuance of any SFA-SFP document and I/WE agree to harvest timber within the Quota specified**
- III. That I/WE have the financial capability to pay in a timely manner all monies (issuance and acreage fees) due on the SFA-SFP document and the (Forest Produce Royalty) due on all Removal Permits received and that I/WE undertake to pay all monies in a timely manner**
- IV. That all the foregoing particulars and accompanying information are true and correct;**
- V. That I/WE will abide by the Forest Act and all the conditions that govern the issue of State Forest Authorizations;**

Date Signature 1.....

Signature 2

(Seal of Company)





FOF OFFICIAL USE

Part 2: To be completed by Ranger Officer

Date of receipt of Application
Application fee of \$ paid vide GFC Receipt No
Dispatched to Divisional Headquarters on /...../.....
Signature Date

Part 3: To completed by ACF-FRM

I hereby certify that the documents stated above were accompanied with the application

Signature: Date:

Part 4: Comments by divisional Forest Officer

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.....
Signature Date

Part 5: Comments by DCoF, Forest Monitoring Division

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Signature Date

Part 6: Remarks by ACF-FRM

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Signature Date

Part 7: Comments by the Forest Resources Allocation Committee

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Initials of FRAC members

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Part 8: Decision by commissioner of Forest

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Date..... Signature

Part 9: to be completed by ACF, Forest Resources Management Division

Folio Number...../...../..... Date of Issue...../...../..... Date of Expiry...../...../.....

Quota Volume (m³)..... Number of Tags

Date dispatched to Forest Monitoring Division

Signature of ACF, Forest Resource Planning Date.....

Part 10: to be completed by Forest Monitoring Division

Folio Number...../...../..... Date of Issue...../...../..... Date of Expiry...../...../.....

Tag Numbers Allocated Quota Volume.....

Comments

Signature of ACF, Monitoring Date.....

Annual Management Charge \$.....

Volume Charges \$

Issue Fees \$.....

Part 11: Information to be supplied from Forest Monitoring Division

Permission Fees \$.....

Area Management Charges paid vide Receipt No

Volume Charges paid:

	Amount G\$	Receipt No.	Date
1 st Installment			
2 nd Installment			
3 rd Installment			
4 th Installment			

Signature of Officer Date.....

Notes _____