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**Application Form for FSC® Forest Management or for Controlled Wood**

**for Forest Management Enterprises Certification**

**Please complete electronically and return by e-mail (where possible)**

**1. Applicant details**

|  |  |  |
| --- | --- | --- |
| **Legal Name** |

|  |
| --- |
|  |

 |
| **Name of Owner(s)** *[or trustee details]* |

|  |
| --- |
|  |

 |
| **Type of Legal Entity** |

|  |
| --- |
|  |

 |
| **Contact person** *[for FSC certification]* |

|  |  |
| --- | --- |
| Name |  |
| Tel |  |
| Mob |  |
| Fax |  |
| E-mail |  |

 |
| **Full Postal Address**  *[for contact person] indicate below if different address for INVOICING* |

|  |  |
| --- | --- |
| Address |  |
| Country |  | Post code |  |

 |
| **Address for invoicing** |

|  |  |
| --- | --- |
| Address |  |
| Country |  | Post code |  |

 |

**2. Desired scope of certificate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Forest area** |

|  |  |
| --- | --- |
| Total Forest Area (hectares) |  |
| Productive Forests (hectares) |  |

 |
| **Forest Type***Indicate: Boreal forest, Plantation, Temperate Forest, Tropical forest* |

|  |
| --- |
|  |

 |
| **Management type***[private, state, community, public landowner, group of forest owners (please include information on number of group members), other (please describe)]* |

|  |
| --- |
|  |

 |
| **No of employees** *[including contractors] working in the forest* |

|  |
| --- |
|  |

 |
| **Processing facilities***Describe forest products processing facilities and products to be included in the assessment* |

|  |
| --- |
|  |

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**3. Application type and additional scope information**

|  |  |
| --- | --- |
| **Has the applicant applied before**

|  |
| --- |
|  |

 [state YES or NO]. If YES, please specify the name of the previous Certification Body or Group Scheme membership, year of application, the previous certification code, reason for changing inspection / certification body. Please enclose relevant documents concerning the previous inspection(s) / certification(s) e.g. inspection report, certificate |
| **FMU Classification** [Forest Management Unit(s)]INDICATE ‘YES’ to one of the following Single = forest managed as one FMU, may e.g mixed forestry estate, or single forest blockMultiple = Applicant applying for >1 forest ownership to be assessedGroup = Group Scheme certification applicants only |

|  |  |
| --- | --- |
| Single |  |
| Multiple |  |
| Group |  |

 |
| **Single FMU** [If N/A state ‘N/A’] |

|  |  |
| --- | --- |
| Total Area ha |  |

 |
| **Multiple FMU’s** [If N/A state ‘N/A’]Provide a separate list for each FMU, giving Forest name, area, and location |

|  |  |
| --- | --- |
| No of FMU’s  |  |
| Total Area ha |  |

 |
| **Group** [If N/A state ‘N/A’]. Provide a separate list for each Group member, giving Forest name, area, location and GROUP MANAGERIndicate number of anticipated new members YR 2 |

|  |  |
| --- | --- |
| No of FMU’s YR 1 |  |
| Total area ha |  |
| No of FMU’s YR 2 |  |
| Total area ha |  |

 |
| **SLIMF** Indicate ‘YES’ or ‘N/A’.[1. Small or 2. Low Intensity FMU]1. SMALL = Total Forest Area, <100 Ha2. Low Intensity = Total Forest Area, <1000ha and annual rate of harvesting is <20% of MAI and annual volume of harvest does not exceed 5000 M3 |

|  |  |
| --- | --- |
| SLIMF |  |

 |
| **FSC Controlled Wood (FSC CW/FM)**[If N/A state ‘N/A’]**Ecosystem Services**[If N/A state ‘N/A’]**Type of ecosystem service**1. Biodiversity conservation
2. Carbon sequestration and storage
3. Watershed services
4. Soil conservation
5. Recreational services.

[Indicate the applicable number(s) in the box]**Other Forests not included in this Application (excluded forest areas)**describe below location and nature of ownership / management arrangements of all forest management units owned or managed by the applicant that are not included in the proposed scope of certification  |

|  |  |
| --- | --- |
| FSC CW |  |

|  |  |
| --- | --- |
| Ecosystem Services |  |

|  |  |
| --- | --- |
| No of other properties owned |  |
| Total area ha |  |
| No of properties managed |  |
| Total area ha |  |

 |
| **Non-plantation FMU’s > 50.000ha**Single, Multiple or Group applications where total non-plantation area is greater than 50.000 ha will require separate a pre-assessment audit**Plantation FMU’s > 10.000ha**Single, Multiple or Group applications where total plantation area is greater than 10.000 ha will require separate a pre-assessment audit**FSC Controlled Wood**For FSC CW, no pre-assessment is required. |

**4. Other Forest details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HCVF’s present** *[state YES or NO].**HCVF’s are: high conservation value forests - full details of citation or notification*FMU’s with HCVF’s will require separate a pre-assessment audit |

|  |  |  |  |
| --- | --- | --- | --- |
| Area ha |  | Cpt No |  |
| Area ha |  | Cpt No |  |
| Area ha |  | Cpt No |  |

 |
| **Area of protected forest and non-forest land -** *protected from commercial harvesting of timber and managed primarily for conservation objectives. [If NONE state ‘NONE’]* |

|  |  |
| --- | --- |
| Area (ha) |  |

 |
| **Area of production forest regenerated** *primarily by replanting or by a combination of repl**anting and coppicing of the planted stems* |

|  |  |
| --- | --- |
| Area (ha) |  |

 |
| **Area of production forest regenerated** *primarily by natural regeneration, or by a combination of natural regeneration and coppicing of the naturally regenerated stems* |

|  |  |
| --- | --- |
| Area (ha) |  |

 |
| **Chemicals used in the forest** *describe below all chemicals used in the forest* |
| **List main commercial and non commercial timber species** describe *below - NB Latin names should be used as well as annual harvesting volumes should be given*

|  |  |  |  |
| --- | --- | --- | --- |
| Species |  | Annual harvesting volume |  |
| Species |  | Annual harvesting volume |  |
| Species |  | Annual harvesting volume |  |

 |
| **Harvesting information**

|  |  |
| --- | --- |
| Frequency of harvesting |  |
| Number of harvesting sites in each FMU |  |
| Maximum annual allowable cut |  |
| Actual harvest during last year |  |

 |
| **Operation**  |

|  |  |  |
| --- | --- | --- |
| Year when most lands acquired |  |  |
| Year when timber harvesting began |  | Year when active management began |  |

 |
| **Access to all FMU’s** | *describe location, travel time between the different units and time from nearest airport (if applicable)* |

**5. Undersigned declares to have completed this Application Form truthfully**

|  |  |  |
| --- | --- | --- |
| **Applicant Name**  |

|  |
| --- |
|  |

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| **Status***[agent, forest manager, trustee] NB Applicant must have authority from owner(s)* |

|  |
| --- |
|  |

 |
| **Applicant details***[if same as 1. state ‘SAME’]* |

|  |  |
| --- | --- |
| Tel |  |
| Mob |  |
| Fax |  |
| E-mail |  |

 |
| **Applicant details** *[if same as 1. state ‘SAME’]* |

|  |  |
| --- | --- |
| Address |  |
| Country |  | Post code |  |

 |
| **Date and Signature** |

|  |  |
| --- | --- |
| Date |  |
| Signature |  |

 |

**6. Return this application to:**

Control Union Certifications B.V

Meeuwenlaan 4-6

P. O. Box 161

8000 AD Zwolle

Tel.: +31 (0)38 - 426 - 0100

Fax: +31 (0)38 - 426 - 7040

Email: certification@controlunion.com

**Based on the above information, Control Union Certifications will draw up a no-obligation offer for a contract**