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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* | |  | | --- | |  | |

**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 block  Multiple = Applicant applying for >1 forest ownership to be assessed  Group = 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 MANAGER  Indicate 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 Ha  2. 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** | |  | | --- | |  | |
| **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](mailto:certification@controlunion.com)

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