

### LICENSED TIMBER OPERATOR RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR §§ 1035.3(a)(1)-(2), 1092.14(a)(1)-(2).)

**Harvesting Plan Number:** \_\_\_\_\_

**Licensed Timber Operator Information**

Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ LTO Number: \_\_\_\_\_

I hereby agree to abide by the terms and specifications of the plan. I have read and understand my responsibility as LTO, as described under 14 CCR §§ 1022.4, 1090.12 and 1092.14. I agree to fulfill my responsibilities as an LTO as they pertain to this plan.

**LTO Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Responsible On-Site Contact (if different)**

Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### REGISTERED PROFESSIONAL FORESTER (RPF) RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR § 1035.1)

**RPF Certified to Provide Professional Advice:**

Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ RPF Number: \_\_\_\_\_

I have read and understand my responsibility as RPF, as described under 14 CCR § 1035.1(a)-(g). I agree to fulfill my responsibilities as an RPF as they pertain to this plan.

[ ] Yes [ ] No I have been retained as the RPF available to provide professional advice to the licensed timber operator and timberland owner upon request throughout the active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

**RPF Signature:** \_\_\_\_\_

## PLAN SUBMITTER RESPONSIBILITY ACKNOWLEDGEMENT

(As per 14 CCR § 1035)

### Plan Submitter

Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have read and understand my responsibilities as Plan Submitter as described under 14 CCR § 1035. I certify that I have fulfilled my legal obligation as stated in the forest practice rules and agree to fulfill my responsibility as the plan submitter as it pertains to this plan.

Yes  No I have retained the services of an RPF to provide professional advice to the LTO and timberland owner upon request throughout active timber operations regarding: (1) the plan, (2) the forest practice rules, (3) and other associated regulations pertaining to timber operations.

Yes  No I have authorized the timberland owner to perform the services of a professional forester, understanding that the services will be provided personally on lands owned by the timberland owner.

**Plan Submitter Signature:** \_\_\_\_\_

## TIMBERLAND OWNER RESPONSIBILITY ACKNOWLEDGEMENT

(As 14 CCR § 1035(d)(2)(B))

### Timberland Owner

Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I have read and understand my responsibilities as timberland owner as described under 14 CCR § 1035(d)(2)(A)–(C). I certify that I have fulfilled my legal obligation as stated in the forest practice rules, and agree to fulfill my responsibilities as the timberland owner as it pertains to this plan.

I understand that I have been authorized by the plan submitter to perform the services of a professional forester pursuant to the Landowner exception in PRC § 757, and such services will be personally performed only on those lands that I own.

**Timberland Owner's Signature:** \_\_\_\_\_