

State of California
Department of Forestry and Fire Protection

RESPONSIBILITY ACKNOWLEDGEMENT SIGNATURES

Plan Number: _____ **Plan Name:** _____

Include all signatures that may apply or as required, use additional pages as needed.

CONTACT

Multiple types may be checked for the same contact.

Type: Registered Professional Forester Licensed Timber Operator
 Timberland Owner Timber Owner
 Plan Submitter On Site Contact
 Other (describe): _____

Name: _____ Lic. No.: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email: _____

I hereby agree to abide by the terms and specifications of the above harvest plan as outlined in the California Forest Practice Act and Public Resources Code. I understand and agree to fulfill my roles and responsibilities as they pertain to this plan.

Signature: _____ Date: _____

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