|  |  | TIMBER HARVESTING PLAN |  |
| --- | --- | --- | --- |
| FOR ADMIN. | USE ONLY | **STATE OF CALIFORNIA** | FOR ADMIN. USE ONLY |
| 1.\_\_\_\_\_\_\_\_\_\_ | 8.\_\_\_\_\_\_\_\_\_\_\_ | **DEPARTMENT OF FORESTRY** | **THP No**. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_ | 9.\_\_\_\_\_\_\_\_\_\_\_ | **AND FIRE PROTECTION** | **Date Rec’d**:\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_ | 10.\_\_\_\_\_\_\_\_\_\_ | RM-63 (06-2018) | **Date Filed** \_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. \_\_\_\_\_\_\_\_\_ | 11.\_\_\_\_\_\_\_\_\_\_ |  | **Date Approved**\_\_\_\_\_\_\_\_ |
| 5.\_\_\_\_\_\_\_\_\_\_ | 12.\_\_\_\_\_\_\_\_\_\_ | **THP Name:** | **Date Expires** \_\_\_\_\_\_\_\_\_\_ |
| 6.\_\_\_\_\_\_\_\_\_\_ | 13.\_\_\_\_\_\_\_\_\_\_ |  |  |
| 7.\_\_\_\_\_\_\_\_\_ | 14.\_\_\_\_\_\_\_\_\_\_ | * **If this is a MODIFIED THP** [] * **Is this a MODIFIED THP for FUEL HAZARD REDUCTION** []   If THP is any one of the modified types above complete appropriate modified checklists at end of general section | Extension:  [ ] Am #\_\_\_\_\_\_\_\_\_\_ |

This Timber Harvesting Plan (THP) form, when properly completed, is designed to comply with the Forest Practice Act (FPA) and Board of Forestry and Fire Protection rules. All rule references are from Title 14 CCR; when cited, the form text will only refer to the rule number itself. The THP is divided into six sections. See separate instructions for information on completing this form. **NOTE: The form must be printed legibly in ink or typewritten, an online version is available at** <https://www.fire.ca.gov/programs/resource-management/forest-practice/caltrees/timber-harvesting-forms/>**.** Additional space may be inserted, as needed, to provide required information. Please distinguish answers from questions by *font change*, **bold** or underline.

**SECTION I - GENERAL INFORMATION**

This THP conforms to my/our plan and upon approval, I/we agree to conduct harvesting in accordance therewith. Consent is hereby given to the Director of Forestry and Fire Protection, and his or her agents and employees, to enter the premises to inspect timber operations for compliance with the Forest Practice Act and Forest Practice Rules.

1. REGISTERED PROFESSIONAL FORESTER:

RPF Signature: Lic. No. Date

RPF Printed Name: Phone

Address City State Zip

Email:

1. LICENSED TIMBER OPERATOR(S):

(If unknown, so state. You must notify CAL FIRE, by amendment, of LTO prior to start of operations)

Name: Lic. No. Phone

Address City State Zip

Email:

Signature:

1. TIMBERLAND OWNER(S) OF RECORD:

Name: Phone

Address City State Zip

Email:

Signature:

1. TIMBER OWNER(S) OF RECORD:

Name: Phone

Address City State Zip

Email:

Signature:

**NOTE: The Timber Owner is responsible for payment of a yield tax. Per State of California Revenue and Taxation Code sections 38104 and 38115. Timber Yield Tax information may be obtained at: Timber Tax Section, MIC: 60, California Department of Tax and Fee Administration, P.O. Box 942879, Sacramento, California 94279-0060. Phone 1-800-400-7115 OR 1-916-274-3330. For Timber Tax information, please see our website at:** <http://www.boe.ca.gov/proptaxes/timbertax.htm>**.**

1. PLAN SUBMITTER(S): Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The submitter is the person who owns, leases, contracts, or operates on timberland. If the submitter is not identified in (2), (3), or (4), above, an explanation of his/her authority to submit the plan should be provided in Section III. [1032.7(a) and 1034(e)].

Address City State Zip

Email:

Signature:

1. ON-SITE CONTACT: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List person to contact on-site who is responsible for the conduct of the operations. If unknown, so state; name must be provided for inclusion in the THP prior to start of timber operations.

Address City State Zip

Email:

Signature: