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| Admin Use Only   |  |  | | --- | --- | | 1. \_\_\_\_\_\_\_\_\_\_ 10. \_\_\_\_\_\_\_\_\_\_\_ |  | | 2. \_\_\_\_\_\_\_\_\_\_ 11. \_\_\_\_\_\_\_\_\_\_\_ |  | | 3. \_\_\_\_\_\_\_\_\_\_ 12. \_\_\_\_\_\_\_\_\_\_\_ |  | | 4. \_\_\_\_\_\_\_\_\_\_ 13. \_\_\_\_\_\_\_\_\_\_\_ |  | | 5. \_\_\_\_\_\_\_\_\_\_ 14. \_\_\_\_\_\_\_\_\_\_\_ |  | | 6. \_\_\_\_\_\_\_\_\_\_ 15. \_\_\_\_\_\_\_\_\_\_\_ |  | | 7. \_\_\_\_\_\_\_\_\_\_ 16. \_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_ 17. \_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_ 18. \_\_\_\_\_\_\_\_\_\_\_ |  | | | | **TIMBER HARVESTING PLAN**   |  |  | | --- | --- | | Plan Number:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Date Filed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Date Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Extension  [ ] Am #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |  | |  |  | | | Admin Use Only | |
|  |  | **State of California** | |  | |
|  |  | Department of Forestry and Fire Protection | |  | |
|  |  | Forest Practice Permit | |  | |
|  |  | RM-63 (05/2024) | |  | |
|  |  | **THP** | |  | |
|  |  | **Name:** | |  | |
|  |  | **[****] Submitted as a Modified THP**  **[****] Submitted as a Modified THP**  **for Fuel Hazard Reduction**  If the THP is one of the Modified, complete appropriate checklists at end of SECTION I. | |  | |

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. Rule references are from Title 14 California Code of Regulations (14 CCR) and the California Public Resources Code (PRC). The THP is divided into six sections. The form must be printed legibly in ink or typewritten. A digital version of this form is available at[www.fire.ca.gov/what-we-do/natural-resource-management/forest-practice/caltrees/timber-harvesting-forms](http://www.fire.ca.gov/what-we-do/natural-resource-management/forest-practice/caltrees/timber-harvesting-forms) Additional space or pages may be inserted, as needed, to provide the required information. Please distinguish answers from questions by *font change*, **bold,** or underline. NOTE: THPs can be submitted online through CalTREES at<https://caltreesplans.resources.ca.gov/Caltrees/Default.aspx>

**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 The California Department of Forestry and Fire Protection, their agents, and employees, to enter the premises to inspect timber operations for compliance with the Forest Practice Act and Forest Practice Rules.*

**ITEM #1 -** **REGISTERED PROFESSIONAL FORESTER** [ref. 14 CCR § 1034(f)]

Name: Lic. No.: Phone:

Mailing Address: City: State: Zip:

Email Address:

Signature: \_\_\_ Date:

*I acknowledge the responsibilities as the Registered Professional Forester*

**ITEM #2 -** **LICENSED TIMBER OPERATOR (S)** [ref. 14 CCR § 1034(c) & PRC § 4582(b)]

If unknown, so state. CAL FIRE must be notified of LTO(s) prior to start of operations. When more than one LTO is on the Plan, please provide a detailed description of timber operation responsibilities for each.

Name: Lic. No.: Phone:

Mailing Address: City: State: Zip:

Email Address:

Signature: \_\_\_ Date:

*I acknowledge the responsibilities as the Licensed Timber Operator*

**ITEM #3 - TIMBERLAND OWNER(S) OF RECORD** [ref. 14 CCR § 1034(a)]

Name: Phone:

Mailing Address: City: State: Zip:

Email Address:

Signature: Date:

*I acknowledge the responsibilities as the Timberland Owner*

NOTE: If Timberland Owner has not signed Item 3, proof of noticing is required to be included with the Plan in accordance with 14 CCR § 1034 (u).

**ITEM #4 - TIMBER OWNER(S) OF RECORD** [ref. 14 CCR § 1034(b) & PRC § 4582(a)]

Name: Phone:

Mailing Address: City: State: Zip:

Email Address:

Signature: Date:

*I acknowledge the responsibilities as the Timber Owner*

NOTE: If Timber Owner has not signed Item 4, proof of noticing is required to be included with the Plan in accordance with 14 CCR § 1034 (u).

**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 more Timber Tax information, please visit** [**www.cdtfa.ca.gov/taxes-and-fees/timber-tax.htm**](http://www.cdtfa.ca.gov/taxes-and-fees/timber-tax.htm)

**ITEM #5 - PLAN SUBMITTER(S**) [ref. 14 CCR § 1034(e)]

The Plan Submitter owns, leases, contracts, or operates on timberland. If the Plan Submitter is not identified in Items #2, #3, or #4 above, an explanation of their authority to submit the Plan should be provided in Section III per 14 CCR § 1032.7(a) and § 1034(e).

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

Mailing Address: City: State: Zip:

Email Address:

Signature: Date:

*I acknowledge the responsibilities as the Plan Submitter*

**ITEM #6 - ON-SITE CONTACT** [ref. 14 CCR § 1034(d)]

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

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

Mailing Address: City: State: Zip:

Email Address:

Signature: Date:

*I acknowledge the responsibilities as the On-Site Contact*