

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY & FIRE PROTECTION
APPLICATION FOR NEW TIMBER OPERATOR LICENSE

RM-3A (rev 08/2020)

MAIL TO: CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION TIMBER OPERATOR LICENSING P.O. BOX 944246 SACRAMENTO, CA 94244-2460 (916) 653-7211	LEAVE BLANK—FOR ADMIN. USE ONLY DID #: LICENSE #: DATE ISSUED:
1a. CHECK LICENSE TYPE YOU ARE APPLYING FOR: <input type="checkbox"/> Type A (FULL COMMERCIAL) - \$125.00 fee <i>(Include work experience, insurance, & proof of training)</i> <input type="checkbox"/> Type B (LIMITED—MINOR FOREST PRODUCTS ONLY) - \$60.00 fee <i>(Include proof of training)</i> <input type="checkbox"/> Type C (RESTRICTED—LANDOWNER USE ONLY) - \$125.00 fee <i>(Include proof of training)</i>	1b. HAVE YOU PREVIOUSLY HELD A TIMBER OPERATOR LICENSE BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide your previous license #: # _____
2. NAME TO APPEAR ON LICENSE <i>(Can be listed as: Individual, Business, Firm, Corporation, Partnership, etc.)</i>	4. DRIVERS LICENSE NUMBER & STATE OF ISSUANCE OR OTHER IDENTIFICATION
3. APPLICANT'S NAME <i>(MUST BE real party in interest)</i>	5. MAILING ADDRESS <i>(If mailing address is a P.O. Box, a street address is also required)</i>
6. STREET (PHYSICAL) ADDRESS <i>(Include Address, City, State and Zip Code, if different from mailing address)</i>	PHONE NUMBER
7. IF APPLYING FROM <u>OUTSIDE OF CALIFORNIA</u>, PLEASE PROVIDE A CALIFORNIA RESIDENT AGENT OR OFFICER FOR SERVICE OF DOCUMENTS <i>(Name, Street Address, and Phone Number—P.O. Boxes will not be accepted)</i>	
8. WILL THIS BE A PARTNERSHIP OR CORPORATION LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF 'YES', PLEASE PROVIDE NAMES AND ADDRESSES OF ALL PARTNERS OR OFFICERS 1) _____ 2) _____ 3) _____
9. IF A CORPORATION, PROVIDE STATE IN WHICH INCORPORATED AND OFFICE ADDRESS	PHONE NUMBER
10. DATE AND LOCATION AT WHICH APPLICANT ATTENDED 2-DAY TRAINING <i>(Required for type <u>A</u>, <u>B</u>, and <u>C</u> license)</i>	
EMAIL ADDRESS <i>(OPTIONAL; Your information will not be shared)</i>	
11. UNLESS EXEMPT, LIST NAME OF INSURANCE CARRIER, AGENT, ADDRESS, AND PHONE NUMBER <i>(Only required for type <u>A</u> license)</i>	

12. Consent is hereby given to the Director, his agents and employees to inspect timber operations of the applicant. All the above information is accurate and complete and does not misrepresent the facts.

TIMBER OPERATOR ACKNOWLEDGEMENT *(See reverse for definition)*

I hereby certify in applying for a timber operator license that I am the real party in interest making application for the license. As a licensed timber operator, I shall comply with all provisions on the Z'berg-Nejedly Forest Practice Act of 1973, Board of Forestry rule and regulations, the applicable approved Timber Harvesting Plan and any approved amendments to the plan. I am familiar with the Act, rules and regulations and understand it is my responsibility that employees under my direction comply with the provisions of the Act, applicable plans and amendments, rules and regulations contained in Division 1.5 chapter 4 of Title 14, California Code of Regulations.

PRINT NAME OF APPLICANT	TITLE
SIGNATURE OF APPLICANT	DATE

LANDOWNER EXEMPTION *(Exempt from providing work experience and proof of insurance; Only required for type C license)*

I hereby certify under penalty of perjury that I am the principal owner of, or principal officer of the entity that owns the land on which timber operations under this license will be conducted and I will not conduct timber operations on lands owned by others.

SIGNATURE	DATE
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INSTRUCTIONS

(Numbers refer to corresponding numbers on front page of application)

This form must be used to apply for a timber operator license. Each applicable question must be fully, accurately and legibly answered. Material misrepresentation or false statement is cause for denial, suspension, or revocation of a license. A license cannot be issued until a complete and properly executed application, along with an insurance certificate (if required) is received and the proper fee has been paid.

The fee must be enclosed with the application. The fee must be in the form of a check, money order, or bank draft made payable to the **CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION** or **CAL FIRE**.

1. a) Check the box for the type of license for which you are applying.
b) Indicate if you held a license in the past and provide number.
2. The name which you want to be identified as on the license (can be shown as an Individual's name, business name, or name of partnership/corporation).
3. Applicant must be the real party in interest, which is one of the following:
(a) The sole proprietor, principal owner, or principal officer of an entity that is applying for a license or the renewal of a license.
(b) The on-site supervisor responsible for the conduct of timber operations, including the authority to hire and fire persons conducting those timber operations.
4. Every applicant must provide his/her driver's license number and the issuing state, or another form of identification that proves the identity of the individual applying for the license.
5. Every applicant must provide a mailing address. This **can** be a post office box.
6. Every applicant must provide an actual street address. This **cannot** be a post office box.
7. Every applicant not a California resident (individual, partnership, corporation, etc.) must designate a California resident upon whom process of notice may be served. Enter the name, address, and telephone number of a natural person who is a California resident who is either the agent or principal officer of the applicant for the service of documents.
8. List all members of the partnership and provide their addresses. (It is recommended that all partners take the 2-Day LTO Training Class.)
9. If applying as a corporation, complete this section. If not, continue to Item 10.
10. Provide the date and location where the 2-day training was attended. Person who attended the training must also be a real party in interest as defined above. Class must be taken within 12 months of applying. (PRC § 4572(b)(1)).
11. Type-A (Full Commercial) license applicants must provide insurance carrier information. Type-B (Limited) and type-C (Restricted) license applicants are exempt from the insurance requirement and can continue to Item 12.
12. The signature must be that of the applicant who is the real party in interest. This could be the owner, principal officer, manager, partner, or company forester who is responsible for license compliance with the Act and rules and has the authority to immediately stop or modify any phase of timber operations in order to comply with the Act. A title for the applicant must be provided to support the applicant as the real person-in-interest.

Before submitting the application, make sure to include all listed items specific to the license for which you are applying:

Full Commercial (A):	\$125.00 fee payment, Work Experience Record, insurance certificate, LTO Training Class certificate
Limited (B):	\$60.00 fee payment, LTO Training Class certificate
Restricted/Landowner Exempt (C):	\$125.00 fee payment, LTO Training Class certificate

Mall completed application and all required items to:

California Department of Forestry & Fire Protection
Timber Operator Licensing
P. O. Box 944246
Sacramento, CA 94244-2460

EXCERPTS FROM STATE LAW

"Any person who willfully violates a provision of this chapter or rule or regulation of the board is guilty of a misdemeanor and shall be punishable by a fine of not more than one thousand dollars (\$1,000) or by imprisonment in the county jail for not more than six months or by both such fine and imprisonment." Section 4601, Public Resources Code.

"The licensee shall notify the Director at the Sacramento Office in writing 15 days of any change of address." Section 1080, California Code of Regulations, Title 14.

"Each subsidiary of companies or corporations, and each division thereof that is a separate unit and separately managed which conducts timber operations shall be individually licensed. Partnerships consisting of individual licenses and operating as a co-partnership must obtain a license as a partnership. A license is not transferable." Section 1023.1, California Code of Regulations, Title 14.

"Licenses are good only for the calendar years issued. Renewals shall be submitted to the Director on alternating years, with odd-numbered licenses expiring on January 1st of odd-numbered years and even-numbered licenses expiring on January 1st of even-numbered years. An application for renewal shall be submitted to the Department prior to December 1st of the year before the license expires. All licenses for which renewal applications with the required fee are not received by the Department or postmarked by December 1st shall expire and a new license shall be required." Section 1026 California Code of Regulations, Title 14.

(NOTE: The term "natural person" is a legal term referring to an individual person as contrasted with entities such as corporations or partnerships.)

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WORK EXPERIENCE RECORD (ONLY REQUIRED FOR TYPE-A COMMERCIAL LICENSE)

First time applicants for a Timber Operator License must provide proof of having completed 3000 hours of work experience in at least two different areas of employment in **"timber operations"** (see definition of "timber operations" on page 6 of this application).

EXEMPTION: Applicants who only conduct operations on their own lands are exempt from this requirement. Please sign the "Landowner Exemption" certification at the bottom of the main application page and **do not** fill out this record.

EMPLOYER	PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS	CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE
LEAVE THIS SECTION BLANK (ADMINISTRATIVE USE ONLY)			
EMPLOYER	PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS	CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE
LEAVE THIS SECTION BLANK (ADMINISTRATIVE USE ONLY)			
EMPLOYER	PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS	CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE
LEAVE THIS SECTION BLANK (ADMINISTRATIVE USE ONLY)			

CONTINUE ONTO NEXT PAGE AS NEEDED

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WORK EXPERIENCE RECORD (CONTINUATION PAGE)

PRINT AND USE AS MANY WORK EXPERIENCE RECORD PAGES AS NEEDED

EMPLOYER		PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS		CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE	
LEAVE THIS SECTION BLANK (ADMINISTRATIVE USE ONLY)				
EMPLOYER		PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS		CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE	
LEAVE THIS SECTION BLANK (ADMINISTRATIVE USE ONLY)				
EMPLOYER		PHONE NUMBER	NAME OF SUPERVISOR	
EMPLOYER ADDRESS		CITY	STATE	
JOB TITLE	HOURS OF EXPERIENCE	START DATE	END DATE	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Company or Individual's Name (MUST MATCH LICENSE) Address City, State Zip Code	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Loggers Broad Form <input type="checkbox"/> Property Damage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			#####	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS \$ LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> RETENTION \$			**SAMPLE ONLY** Proof of insurance will only be accepted via the ACORD 25 form. Coverage must include AT LEAST \$1,000,000 in commercial general liability, INCLUDING within that limit, OR in a SEPARATE limit, loggers third party property damage liability (i.e. Loggers Broad Form Property Damage or LBFPD). See PRC § 4572 (c)(1)(A).			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Loggers Broad Form Property Damage			#####	Effective Date	Expiration Date	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
LTO# A-XXXX

CERTIFICATE HOLDER	CANCELLATION
CA Department of Forestry & Fire Protection Timber Operator Licensing P.O. Box 944246 Sacramento, CA 94244-2460 calfire.ltoprogram@fire.ca.gov	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

STATE OF CALIFORNIA
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Any person who engages in timber operations on non-federal timberlands must have a Timber Operator License.

(a)(1) "**Timber operations**" is the cutting or removal, or both, of timber or other solid wood forest products, including Christmas trees, from timberlands for commercial purposes, together with all the incidental work, including, but not limited to, construction and maintenance of roads, fuel breaks, firebreaks, stream crossings, landings, skid trails, and beds for the falling of trees, fire hazard abatement, and site preparation that involves disturbance of soil or burning of vegetation following timber harvesting activities, but excluding preparatory work such as tree marking, surveying, or road flagging.

(a)(2) "**Commercial purposes**" includes (A) the cutting or removal of trees that are processed into logs, lumber, or other wood products and offered for sale, barter, exchange, or trade, or (B) the cutting or removal of trees or other forest products during the conversion of timberlands to land uses other than the growing of timber that are subject to the provisions of Section 4621, including, but not limited to, residential or commercial developments, production of other agricultural crops, recreational developments, ski developments, water development projects, and transportation projects" (Section 4527 PRC).

The application must be submitted on the prescribed form, "Application for Timber Operator License" (Form RM-3,11/16). It must be completed, printed in ink or typewritten and legible.

FEE SCHEDULE

<u>Timber Operator License (A or C)</u>		<u>Limited Timber Operator License (B)</u>	
New License	\$125.00	New License	\$60.00
License Renewal	\$100.00	License Renewal	\$50.00
Expired License Renewal	\$125.00	Expired License Renewal	\$60.00

PAYMENT OF FEES

An application for a Timber Operator License is not complete until the Department receives the proper fee. The fee must be paid by cashier's check, certified check, money order, postal money order, or personal check. A license will not be valid if checks are dishonored. **Cash and postage stamps are not acceptable.** The application must be sent with all required documents and accompanying payment to:

CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION
TIMBER OPERATOR LICENSING
P.O. BOX 944246
SACRAMENTO, CALIFORNIA 94244-2460

MAKE SURE TO READ AND FOLLOW ALL INSTRUCTIONS ON THE BACK OF THE APPLICATION FORM. ANY MISSING OR INCORRECT INFORMATION WILL DELAY PROCESSING TIME.

LICENSE TYPES

Full Commercial Timber Operator License (A): Valid for all types of timber operations not covered by a Limited Timber Operator License.

Limited Timber Operator License (B): Valid only for harvest of the following minor forest products: Christmas trees, tanbark, fuelwood, root crown burls, posts, and split products, **but not** poles, piling, pulp logs, saw logs, veneer logs, and any other forest products.

Restricted (Landowner Use Only) Timber Operator License (C): Valid for timber operations on the licensee's property **only**.

LIABILITY INSURANCE

Timber Operators (type-A only) must maintain liability insurance, including third party loggers insurance, with a minimum limit of \$1,000,000 per occurrence. Limited Timber Operators (type-B) and Restricted Timber Operators (type-C) who conduct timber operations only on their lands are exempt from this requirement.

LICENSE RENEWAL

Licenses that are kept current may be renewed at the reduced renewal fee for the succeeding two calendar years **only if** the application is postmarked or received by the Department **on or before December 1st of the year the license expires.** Renewal of an expired license will require a late fee payment, in addition to the renewal fee.

NEW LICENSE

Timber Operator License (A, B or C)

If you are applying for a license for the first time, the following will be needed: a copy of your certificate of completion of an approved timber operator education program with payment of the full license fee and the application for the license, which must include verifiable work experience and proof of insurance if you are applying for the Full Commercial (type-A) license.

NO LICENSE WILL BE ISSUED WITHOUT THE LTO TRAINING CERTIFICATE OF CLASS COMPLETION (A, B, or C LICENSE).