

APPLICATION FOR MARYLAND FOREST PRODUCTS OPERATORS LICENSE – CALENDAR YEAR 2018

Natural Resources Article 5-608 states: “any person engaged in a forest products business shall have a license issued by the Department.” Unless otherwise indicated, all information requested on this form is required.

Name: _____	License No: _____	<input type="checkbox"/> new	<input type="checkbox"/> renewal
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LICENSE INFORMATION

Name of licensee (as it should appear): _____

Company name: _____ SSN/FEIN: _____

Contact person: _____ Website (optional): _____

Company address: _____

Street City County State Zip

Company phone: _____ Fax: _____ Email: _____

WORKMAN’S COMPENSATION INSURANCE BINDER NO.: _____

Workman’s compensation insurance is not required if you are self-employed or your business employs only family members.

Signature: _____ **Date:** _____

Payment in form of \$20 check or money order payable to Department of Natural Resources should be attached to this form and sent to: **Maryland DNR Forest Service, 580 Taylor Ave., E-1, Annapolis, MD 21401 ATTN: Romesca Estep.**

BUSINESS TYPE, PRODUCTION & CONSUMPTION INFORMATION

PRIMARY BUSINESS	Mark one	AUXILLIARY BUSINESS	Mark ALL that apply	PRODUCTS BOUGHT <i>(on a regular basis)</i>	Mark ALL that apply	PRODUCTS SOLD <i>(on regular basis)</i>	Mark ALL that apply
Firewood	<input type="checkbox"/>	Firewood	<input type="checkbox"/>	Standing Timber	<input type="checkbox"/>	Lumber	<input type="checkbox"/>
Logging	<input type="checkbox"/>	Logging	<input type="checkbox"/>	Roundwood	<input type="checkbox"/>	Logs	<input type="checkbox"/>
Sawmill	<input type="checkbox"/>	Sawmill	<input type="checkbox"/>	Cants	<input type="checkbox"/>	Pilings/posts	<input type="checkbox"/>
Land clearing	<input type="checkbox"/>	Land clearing	<input type="checkbox"/>	Chips, bark, sawdust	<input type="checkbox"/>	Rail ties	<input type="checkbox"/>
Tree Expert	<input type="checkbox"/>	Tree Expert	<input type="checkbox"/>	Other (specify): _____		Firewood	<input type="checkbox"/>
Mulch	<input type="checkbox"/>	Mulch	<input type="checkbox"/>	Other (specify): _____		Mulch	<input type="checkbox"/>
Other (specify): _____		Other (specify): _____		None	<input type="checkbox"/>	Other (specify): _____	

ANNUAL CONSUMPTION. Estimate the total volume you purchased during Calendar Year 2017.

< 1mmbf 1-5mmbf 5-10mmbf 10-15mmbf +15mmbf Other (tons,cords,etc.):

SPECIES. Rank the top 5 species you purchased (e.g., red oak, white oak, hard maple, poplar, cherry, loblolly, etc.):

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

LOCATION. IF you either bought or harvested standing timber, list top 3 Counties where most timber was harvested:

Did not harvest or buy timber. (1) _____ (2) _____ (3) _____ Other State: _____

OPTIONAL

How far do you typically range to buy standing timber? *Select one.* <25 mi. <50 mi. <75 mi. < 100 mi. +100 mi. N/A

Are you currently a Master Logger? Yes No Do you operate a portable sawmill? Yes No

Are you interested in receiving referrals for small tracts (e.g., < 5 acres or 20,000bf)? Yes No

Did you export any product out of the U.S. during the previous calendar year? Yes No

OFFICE USE ONLY

License No. _____	Check or Money Order No. _____	Date Issued: _____
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