



## APPLICATION

# Forest Product Operator

### APPLICATION FOR MARYLAND FOREST PRODUCTS OPERATORS LICENSE – CALENDAR YEAR 2026

#### **§5-608 LICENSE REQUIRED TO OPERATE FOREST PRODUCTS BUSINESS**

Any person engaged in a forest products business shall have a forest product operator's license issued by the Department.

- The license is secured from the Department for every type of forest products manufacturing plant.
- Before any sawmill or other plant is erected for the manufacture of lumber or other forest products or when the location of any manufacturing plant is to be changed, the location shall be reported to the Department prior to erection of the plant or the change of location.

An applicant for a license shall:

- Submit to the Department an application on the form that the Department provides;
- Demonstrate compliance with the Maryland Workers' Compensation Act under Title 9 of the Labor and Employment Article; and
- Pay to the Department a fee set by the Department in an amount not to exceed the costs of carrying out this section.

The term of a license is 1 year. The fee to obtain/renew this license is **\$20.00**.

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#### **CURRENT LICENSE HOLDERS ONLY:**

**Full Name:** \_\_\_\_\_

Has any of your Personal / Company information changed since you last renewed your Forest Product Operator license?

**License #:** \_\_\_\_\_

**Yes.** Please fill out the relevant sections below to update your profile.

**Date Issued (MM/YYYY):** \_\_\_\_\_

**No.** Please continue to Section C.



Tawes State Office Building – 580 Taylor Avenue – Annapolis, Maryland 21401  
410-260-8DNR or toll free in Maryland 877-620-8DNR  
[dnr.maryland.gov](http://dnr.maryland.gov) – TTY Users Call via the Maryland Relay



## A. PERSONAL INFORMATION

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

\_\_\_\_\_

Last Name: \_\_\_\_\_

City: \_\_\_\_\_

Phone #: \_\_\_\_\_

State: \_\_\_\_\_

E-mail: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM

DD

YYYY

## B. COMPANY INFORMATION

Company Name: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

If Individual/Sole Proprietor, enter your Social Security Number (SSN): \_\_\_\_\_

Phone #: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

Company Size: \_\_\_\_\_

\_\_\_\_\_

Maximum number of employees during the previous calendar year, including full-time, part-time, and seasonal / temporary workers.

City: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_

\_\_\_\_\_

## C. PRIMARY BUSINESS

Mark only one.

- Firewood
- Logging
- Sawmill
- Land clearing
- Tree Expert
- Mulch
- Other: \_\_\_\_\_

## D. SECONDARY BUSINESS

Mark all that apply.

- Firewood
- Logging
- Sawmill
- Land clearing
- Tree Expert
- Mulch
- Other: \_\_\_\_\_

## **E. PRODUCTS BOUGHT REGULARLY**

Mark all that apply.

- Standing Timber
- Roundwood
- Cants
- Chips, bark, sawdust
- Other: \_\_\_\_\_
- None

## **F. PRODUCTS SOLD REGULARLY**

Mark all that apply.

- Lumber
- Logs
- Piling/posts
- Rail ties
- Firewood
- Mulch
- Other: \_\_\_\_\_

## **G. ANNUAL CONSUMPTION**

Estimate the total volume you purchased during the previous calendar year.

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

## **H. SPECIES**

Rank the top 5 species you purchased in the previous calendar year.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **I. LOCATION**

If you either bought or harvested standing timber, please identify the top 3 counties where the timber was harvested.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- Did not harvest or buy timber
- Other State: \_\_\_\_\_

## **J. WORKERS' COMPENSATION**

In order to comply with the State of Maryland's Workers' Compensation Act (Annotated Code of Maryland, Labor and Employment Article § 9-105 and Annotated Code of Maryland, Natural Resources Article § 1-402):

- I certify that I am a sole proprietor and do not have any employees for which Workers' Compensation insurance is required by law.
- I am providing a Certificate of Insurance for Workers' Compensation. **Binder #:** \_\_\_\_\_

## **K. ACKNOWLEDGEMENT**

In compliance with Annotated Code of Maryland, Natural Resources Article §§ 5-608, and COMAR 08.07.08, I agree to comply with the terms of licensure as described and am hereby making application for a Tree Expert License. I further declare and affirm under penalties of perjury that the foregoing information I have supplied in this Application for Tree Expert License is true and correct to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Make all checks payable to:**

#### **Maryland Forest Service**

Maryland Department of Natural Resources  
580 Taylor Ave, E-1  
Annapolis MD 21401

### **Contact us:**

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