



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**.

CURRENT LICENSE HOLDERS ONLY:

Full Name: _____

License #: _____

Date Issued (MM/YYYY): _____

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

- ☐ **Yes.** Please fill out the relevant sections below to update your profile.
- ☐ **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 – TTY Users Call via the Maryland Relay



A. PERSONAL INFORMATION

First Name: _____

Middle Initial: _____

Last Name: _____

Phone #: _____

E-mail: _____

Date of Birth: _____ / _____ / _____
MM DD YYYY

Address: _____

City: _____

State: _____

Zip Code: _____

B. COMPANY INFORMATION

Company Name: _____

Employer Identification Number (EIN): _____

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

Phone #: _____

E-mail: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Website: _____

Company Size:

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

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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