

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

RM-3C (rev. 10/98)

SEE INSTRUCTIONS ON REVERSE

TO: CALIFORNIA DEPARTMENT OF FORESTRY & FIRE PROTECTION TIMBER OPERATOR LICENSING 1416 NINTH STREET P.O. BOX 944246 SACRAMENTO, CA 94244-2460	FOR ADM. USE ONLY  LICENSE NO.:  DATE ISSUED:
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**NEW LICENSE FEE: \$125.00**

CERTIFICATE OF TRAINING REQUIRED  
 EXPERIENCE RECORD FOR 3000 HOURS MAY BE REQUIRED  
 CERTIFICATE OF INSURANCE MAY BE REQUIRED

1. NAME TO APPEAR ON TIMBER OPERATOR'S LICENSE: (Name of Individual, firm, corporation, or partnership as it is to appear on license)	PREVIOUS LICENSE NUMBER:
2. APPLICANT'S NAME: (Must be real party-in-interest. See reverse for definition)	3. DRIVERS LICENSE NUMBER & STATE OF ISSUANCE OR OTHER IDENTIFICATION:
4. MAILING ADDRESS:	
CITY, STATE, AND ZIP CODE:	PHONE NUMBER:
5. STREET (PHYSICAL) ADDRESS: (INCLUDE CITY, STATE, AND ZIP IF DIFFERENT FROM MAILING ADDRESS)	
6. CALIFORNIA RESIDENT AGENT OR OFFICER FOR SERVICE OF DOCUMENTS: (If needed) (Name, address and phone number.)	
7. IF IN PARTNERSHIP, GIVE NAMES AND ADDRESSES OF ALL PARTNERS:	
NAME/ADDRESS:	
8. IF A CORPORATION, GIVE STATE IN WHICH INCORPORATED:	HOME OFFICE ADDRESS:
CALIFORNIA OFFICE ADDRESS:	
9. DATE AND LOCATION AT WHICH REAL PARTY-IN-INTEREST ATTENDED TRAINING:	
10. UNLESS EXEMPT, INSURANCE AGENT OR COMPANY, ADDRESS AND PHONE NUMBER:	

11. 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 rules 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.

BY: (Type or print name)	TITLE:
SIGNATURE OF APPLICANT:	DATE:

**LANDOWNER EXEMPTION (Insurance and Experience)**

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)**

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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.

1. The name under which the license is to be issued should be entered here. Print clearly and legibly in ink or use typewriter.
2. 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.
3. 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.
4. Every applicant must provide a mailing address. This can be a post office box.
5. Every applicant must provide an actual street address. This cannot be a post office box.
6. 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.
7. All members of the partnership and their addresses must be listed.
8. All corporations are to complete this section.
9. Give the name of person who attended the training and date and location where training was attended. This must have been within the last 12 months. Person who attended the training must also be a real party in interest as defined above.
10. You are exempt from the insurance requirement if you will operate only on your own lands. If this is the case, skip this line.
11. 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.

Mail completed application, fee, and insurance certification and experience, if required, to:  
California Department of Forestry and 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 licensees and operating as a copartnership 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 1<sup>st</sup> of odd-numbered years and even-numbered licenses expiring on January 1<sup>st</sup> of even-numbered years. An application for renewal shall be submitted to the Department prior to December 1<sup>st</sup> 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 1<sup>st</sup> 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.)

**APPLICATION FOR NEW TIMBER OPERATOR LICENSE (Continued)**

RM-3D (rev. 10/98)

**WORK EXPERIENCE RECORD**

**First time applicants** for a timber operators license must provide proof of having completed **3000 hours** of work experience in at least two areas of employment in timber operations.

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

**NOTICE:** This record may be audited and/or you can be requested to substantiate your claims with pay records, income tax records and other documents. Falsifying information will result in denying your license and is grounds for revocation of your license.

Official Use Only	Job Title	Date From:                  To:	Employer
	Hours	Address	City                          State
	Name of Supervisor		Phone Number
	Job Title	Date From:                  To:	Employer
	Hours	Address	City                          State
	Name of Supervisor		Phone Number
	Job Title	Date From:                  To:	Employer
	Hours	Address	City                          State
	Name of Supervisor		Phone Number
	Job Title	Date From:                  To:	Employer
	Hours	Address	City                          State
	Name of Supervisor		Phone Number

(Use As Many Continuation Pages As Necessary)

**WORK EXPERIENCE RECORD**

Continuation Page

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Applicant's Name

Official Use Only	Job Title	From:      Date To:	Employer		
	Hours	Address		City                      State	
	Name of Supervisor			Phone Number	
	Job Title	From:      Date To:	Employer		
	Hours	Address		City                      State	
	Name of Supervisor			Phone Number	
	Job Title	From:      Date To:	Employer		
	Hours	Address		City                      State	
	Name of Supervisor			Phone Number	
	Job Title	From:      Date To:	Employer		
	Hours	Address		City                      State	
	Name of Supervisor			Phone Number	

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER Your Insurance Company Name  
 Address  
 City, State Zip Code  
 Phone (xxx) xxx-xxxx Fax (xxx) xxx-xxxx

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

Insured: Your Name  
 Company Name (If applicable)  
 Address  
 City, State Zip Code

INSURER A:  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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"/> PRO-JECT <input type="checkbox"/> LOC	<p>* SAMPLE ONLY *</p> <p>YOUR INSURANCE COMPANY MAY SHOW LOGGERS UNDER THE COMMERCIAL GENERAL LIABILITY IT MAY ALSO BE ABBREVIATED AS LBFPD</p> <p>THIS IS THE ONLY CERTIFICATE HOLDER FORMAT WE ACCEPT</p>	<p>effective date</p>	<p>expiration date</p>	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any one fire) \$				
	MED EXP (Any one person) \$				
	PERSONAL & ADV INJURY \$				
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER Loggers Broadform Property Damage				Limit: \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

LTO License # A-xxxx

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

California Dept of Forestry  
 and Fire Protection  
 Timber Operator Licensing  
 PO Box 944246  
 Sacramento, CA 94244-2460

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE



## ***Application for License (Form RM-3 (A), (B), (C) Rev. 10/98)***

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

"Timber Operations" means 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 work incidental thereto, including, but not limited to, construction and maintenance of roads, fuel breaks, stream crossings, landings, skid trails, beds for the falling of trees, and 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. Removal or harvest of incidental vegetation from timberlands, such as berries, ferns, greenery, mistletoe, herbs and other products, which action cannot normally be expected to result in a threat to forest, air, water, or soil resources, does not constitute timber operation (Section 4527 PRC).

The application must be submitted on the prescribed form, "Application for Timber Operator License" (Form RM-3, 10/98). It must be completed, printed in ink or typewritten and legible.

<b>FEE SCHEDULE:</b>	New Timber Operator License	\$125.00
	Timber Operator License Renewal	\$100.00
	New Limited Timber Operator License	\$ 60.00
	Limited Timber Operator License Renewal	\$ 50.00

### ***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 accompanying payment to the California Department of Forestry and Fire Protection, Attention: Timber Operator Licensing, P. O. Box 944246, Sacramento, California 94244-2460.

## **READ AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THE APPLICATION FORM!!!**

### ***Kind of License***

**Limited Timber Operator License:** 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, sawlogs, veneer logs, and any other forest products.

**Timber Operator License:** valid for all types of timber operations not covered by a limited timber operator license.

### ***Liability Insurance***

Timber Operators must maintain liability insurance, including third party loggers insurance, with a minimum limit of \$1,000,000 per occurrence.

Limited Timber Operators and regular Timber Operators who conduct timber operations only on their lands are exempt from this requirement.

### ***License Renewal***

Current licenses may be renewed at the reduced renewal fee for the succeeding two years only if the "application" is postmarked or received by the Department on or before December 1<sup>st</sup> of the year before the license expires.

### ***New License***

#### **Timber Operator License**

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 license which includes work experience and proof of insurance.

#### **Limited Timber Operator**

For a limited license, you must attach the completed questionnaire with payment of the full license fee and the application for license.

No timber operator license will be issued without the certificate of completion or the completed questionnaire.

## ***Timber Operator License***

Upon receipt of a properly completed application, the Department may issue a Timber Operator License. The Director, can however, deny a license for reasons specified by law. The license is valid only during the calendar years issued. New licenses shall be valid from the date of issuance to January 1<sup>st</sup> of odd-numbered years for odd-numbered licenses, and January 1<sup>st</sup> of even-numbered years for even-numbered licenses. The fee for a newly issued license shall be based on a proration of the annual rate.

Renewals shall be submitted to the Director on alternating years, with odd-numbered licenses expiring on January 1<sup>st</sup> of odd-numbered years, and even-numbered licenses expiring on January 1<sup>st</sup> of even-numbered years. All licenses for which renewal applications, with the required fee, are not received by the Director, or postmarked, on or before December 1<sup>st</sup>, shall expire January 1<sup>st</sup>, and a new license shall be required. Licenses are subject to future legislation and are not transferable.

## ***Timber Operator License Availability***

A valid Timber Operator License, or a copy, must be available for inspection at the site of active timber operations.

## ***Harvest Notification Required***

The Department must be notified for all timber operations carried out on non-federal California timberlands. A California Registered Professional Forester (RPF) must prepare a "Timber Harvesting Plan" (THP) on Form RM-63, and the Department must find it in conformance with the rules and regulations of the Board of Forestry, before timber operations may begin. Enforcement action may be taken against timber operators for violation of THP provisions or for conducting operations without an approved plan. The review and processing of a THP normally takes 20-30 days. Under certain conditions, instead of a THP, the RPF may prepare an "Emergency Notice – Timber Operations" (RM-65) which allows timber harvest operations to begin immediately, and continue for not more than 60 days. These conditions are specified in Section 1052.1 and 1052.2 of Title 14, California Code of Regulations.

The "Exemption Notice" (Form RM-73 "Notice of Timber Operations that are Exempt from Timber Harvesting Plan Requirements"), in lieu of a THP, must be submitted when timber operations in the following categories are proposed:

- a. Harvesting Christmas trees.
- b. Harvesting dead, dying, or diseased trees of any size, fuelwood or split products in amounts less than 10 percent of the average volume per acre, where timber operations will not exceed the impacts described in 14 CCR 1038(b).
- c. Harvesting of trees as part of a single conversion to a non-timber growing use of timberland of less than three acres. (See 14 CCR 1104.1(a) for a description of the conditions on the conduct of this type of a timber operation and additional information that is required to be submitted.)
- d. Harvesting of trees within 150 feet of a house for the development of a fire safe zone.

## ***General Information***

The Department, acting in accordance with policies and regulations adopted by the State Board of Forestry, administers the Forest Practice Act and exercises all powers necessary to accomplish its purposes and intent, including entering and inspecting lands subject to the Act.

Copies of the Forest Practice Act, Board Rules, and forms described in these instructions are available on request from the Director, Department of Forestry and Fire Protection, Sacramento, or principal offices of the California Department of Forestry and Fire Protection throughout the state. Persons who desire a complete set of the Forest Practice Rules and Regulations of the Board of Forestry should contact:

Barclay Law Publishers  
P. O. Box 3066  
South San Francisco, CA 94083  
Phone: (415) 588-1155

You should request Division 1.5, Title 14 of the California Code of Regulations, Forestry Section. The cost of the initial package and supplements will vary. Contact Barclay Law Publishers to determine the actual cost before sending in your order.

A field forest practice rule from the Department of Forestry and Fire Protection will be provided to timber operators.

