



For DNR Region Office Use Only	
Region:	
Date of Receipt:	

## Forest Practices Application/Notification Request to Amend

Approved FPA/N No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Use this to request an amendment to an approved Forest Practices Application/Notification.

### 1. Landowner, Timber Owner and Operator

Legal Name of Landowner	Legal Name of Timber Owner <input type="checkbox"/> Same as Landowner	Legal Name of Operator <input type="checkbox"/> Same as Landowner
Mailing Address	Mailing Address	Mailing Address
City, State, Zip	City, State, Zip	City, State, Zip
Phone:	Phone:	Phone:
Email:	Email:	Email:

Contact Person	Phone:
	Email:

### 2. Describe the proposed amendment to the approved FPA/N. You can attach revised pages of an FPA/N, or give specific details below. Include a new Activity Map if you are proposing any changes to the original.

**3. We acknowledge the following:**

- The information on this application/notification amendment is true.
- We understand this proposed forest practice is subject to:
  - The Forest Practices Act and Rules, AND
  - All other federal, state or local regulations.
- Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.
- I understand that this amendment is a request for a Notice to Comply for an authorized deviation as described in WAC 222-20-060.

<b>Signature of Legal Landowner</b>	<b>Signature of Timber Owner *</b> (if different than landowner)	<b>Signature of Operator</b> (if different than landowner)
<b>Printed Name</b>	<b>Printed Name</b>	<b>Printed Name</b>
<b>Date Signed</b>	<b>Date Signed</b>	<b>Date Signed</b>

\*NOTE: if you are a "Perpetual Timber Rights Owner," and are submitting this without the landowner's signature, provide written evidence the landowner has been notified.