

Forest Practices Application/Notification Notice of Transfer

I/we transfer my/our rights, privileges, and obligations under this approved Forest Practices Application or Notification. I/we affirm that the information contained below is true and agree to comply with the rules authorized by the Forest Practices Act and to be bound by all conditions on the approved application or notification.

FPA/N Number: _____ **Section(s):** _____ **Township(s):** _____ **Range(s):** _____

Name of Original Landowner: _____

Original Landowner Signature: _____ **Date:** _____

New Operator – Fill out this section only if you are changing or adding an operator.	
<input type="checkbox"/> Changing an operator <input type="checkbox"/> Adding an operator <input type="checkbox"/> Road construction <input type="checkbox"/> Timber harvest <input type="checkbox"/> Aerial spray	
Legal Name of New Operator:	Mailing Address:
Phone:	
Email:	
New Operator Signature:	Date:

New Landowner – Fill out this section only if you are transferring your approved FPA/N to a new landowner.	
<input type="checkbox"/> No <input type="checkbox"/> Yes Are you a small forest landowner per RCW 76.09.450?	
<input type="checkbox"/> No <input type="checkbox"/> Yes Is your entire proposed harvest area on a single contiguous ownership of one or more parcels?	
Legal Name of New Landowner:	Mailing Address:
Phone:	
Email:	
New Landowner Signature:	Date:

New Timber Owner – Fill out this section only if you are transferring your timber rights.	
Legal Name of New Timber Owner:	Mailing Address:
Phone:	
Email:	
Forest Tax Reporting Account Number <i>(contact Dept. of Revenue at: 360-534-1324):</i>	
New Timber Owner Signature:	Date:

DO NOT WRITE BELOW THIS SECTION - DNR USE ONLY	
Date of Receipt:	Date Processed: