

APPLICATION FOR MARYLAND FOREST PRODUCTS OPERATORS LICENSE – CALENDAR YEAR 2021

Natural Resources Article 5-608 states: “any person engaged in a forest products business shall have a license issued by the Department.” Unless otherwise indicated, all information requested on this form is required.

Name: _____	License No: _____	<input type="checkbox"/> new	<input type="checkbox"/> renewal
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LICENSE INFORMATION

Name of licensee (as it should appear): _____

Company name: _____ SSN/FEIN: _____

Contact person: _____ Website (optional): _____

Company address: _____

Street City County State Zip

Company phone: _____ Fax: _____ Email: _____

WORKMAN’S COMPENSATION INSURANCE BINDER NO.: _____

Workman’s compensation insurance is not required if you are self-employed or your business employs only family members.

Signature: _____ Date: _____

Payment in form of \$20 check or money order payable to Department of Natural Resources should be attached to this form and sent to: **Maryland DNR Forest Service, 580 Taylor Ave., E-1, Annapolis, MD 21401 ATTN: Romesca Estep.**

BUSINESS TYPE, PRODUCTION & CONSUMPTION INFORMATION

PRIMARY BUSINESS	Mark one	AUXILLIARY BUSINESS	Mark ALL that apply	PRODUCTS BOUGHT <small>(on a regular basis)</small>	Mark ALL that apply	PRODUCTS SOLD <small>(on regular basis)</small>	Mark ALL that apply
Firewood	<input type="checkbox"/>	Firewood	<input type="checkbox"/>	Standing Timber	<input type="checkbox"/>	Lumber	<input type="checkbox"/>
Logging	<input type="checkbox"/>	Logging	<input type="checkbox"/>	Roundwood	<input type="checkbox"/>	Logs	<input type="checkbox"/>
Sawmill	<input type="checkbox"/>	Sawmill	<input type="checkbox"/>	Cants	<input type="checkbox"/>	Pilings/posts	<input type="checkbox"/>
Land clearing	<input type="checkbox"/>	Land clearing	<input type="checkbox"/>	Chips, bark, sawdust	<input type="checkbox"/>	Rail ties	<input type="checkbox"/>
Tree Expert	<input type="checkbox"/>	Tree Expert	<input type="checkbox"/>	Other (specify): _____		Firewood	<input type="checkbox"/>
Mulch	<input type="checkbox"/>	Mulch	<input type="checkbox"/>	Other (specify): _____		Mulch	<input type="checkbox"/>
Other (specify): _____		Other (specify): _____		None	<input type="checkbox"/>	Other (specify): _____	

ANNUAL CONSUMPTION. Estimate the total volume you purchased during Calendar Year 2020.

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

SPECIES. Rank the top 5 species you purchased (e.g., red oak, white oak, hard maple, poplar, cherry, loblolly, etc.):

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

LOCATION. IF you either bought or harvested standing timber, list top 3 Counties where most timber was harvested:

Did not harvest or buy timber. (1) _____ (2) _____ (3) _____ Other State: _____

OPTIONAL

How far do you typically range to buy standing timber? Select one. <25 mi. <50 mi. <75 mi. < 100 mi. +100 mi. N/A

Are you currently a Master Logger? Yes No Do you operate a portable sawmill? Yes No

Are you interested in receiving referrals for small tracts (e.g., < 5 acres or 20,000bf)? Yes No

Did you export any product out of the U.S. during the previous calendar year? Yes No

OFFICE USE ONLY

License No.	Check or Money Order No.	Date Issued:
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