

FOR OFFICIAL USE

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**Part II To be completed by the Range Officer (Forest Monitoring Division)**

SFP Folio#: .....

Date of receipt of Application:.....

Application fees of \$..... paid vide GFC Receipt No: .....

Dispatched to Divisional Headquarters on: ...../...../.....

**Details of Production from the State Forest Permission Area**

PERMIT NO.	TAG NUMBERS	Production (m <sup>3</sup> )		
		LOGS	SAWN LUMBER	OTHER PRODUCE

Signature..... Date: .....

**Part III To be completed by Divisional Forest Officer**

I hereby certify that the applicant has been following all procedures laid down. I also certify that there is enough timber in the area to meet the requirements of the logger. I further certify that the logger is not indebted in any way to the Guyana Forestry Commission (GFC).

Signature..... Date: .....

**Part IV Comments by DCF, Forest Monitoring Division**

.....  
 .....  
 .....

Signature..... Date: .....

**Part V Comments by ACF, Forest Resource Planning**

I hereby certify that there are no contentious boundary issues regarding the renewal of the SFP.

Signature..... Date: .....

<b>Part VI</b>	<b>Decision by Commissioner of Forests</b>
..... ..... ..... .....	
Signature.....	Date: .....

<b>Part VII</b>	<b>To be completed by ACF, Forest Resource Planning</b>	
Folio No...../...../.....	Date of issue .../...../.....	Date of Expiry .../...../.....
Quota Volume (m³) .....	Number of Tags .....	
Date dispatched to Forest Monitoring Division.....		
Signature of ACF, Forest Resource Planning.....		Date:.....

<b>Part VIII</b>	<b>To be completed by Forest Monitoring Division</b>	
Folio No...../...../.....	Date of issue .../...../.....	Date of Expiry .../...../.....
Tag Numbers Allocated .....	Quota Volume .....	
Comments.....		
.....		
.....		
Signature of ACF, Monitoring.....		Date:.....

Annual Management Charge\$ .....

Volume Charges\$ .....

Issue Fees\$.....

**Part IX (Information to be supplied from Forest Monitoring Division)**

Permission Fees.....

Area Management Charges..... Paid vide Receipt No.....

Volume Charges Paid:

	Amount G\$	Receipt No.	Date
1 <sup>st</sup> installment			
2 <sup>nd</sup> Installment			
3 <sup>rd</sup> installment			
4 <sup>th</sup> installment			

Signature of Officer..... Date.....