



**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 be bound by all conditions on the approved application or notification.

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

Original Landowner (Signature): _____

Original Landowner (Printed): _____ Date: ____ / ____ / ____

New Operator – Complete this section only if you are: <input type="checkbox"/> Changing an operator for: <input type="checkbox"/> Road construction <input type="checkbox"/> Timber harvest <input type="checkbox"/> Aerial spray <input type="checkbox"/> Adding an operator for: <input type="checkbox"/> Road construction <input type="checkbox"/> Timber harvest <input type="checkbox"/> Aerial spray	
Legal Name of New Operator: (Print)	Mailing Address:
Phone:	
Email:	
Date: _____	
New Operator Signature: _____	

New Landowner – Complete this section only if you are transferring your FPA to a new landowner <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a small forest landowner per RCW 76.09.450 (<i>if yes, continue to question below</i>) <input type="checkbox"/> No <input type="checkbox"/> Yes Is your entire proposed harvest area on a single contiguous ownership consisting of one or more parcel(s)?	
Legal Name of New Landowner: (Print)	Mailing Address:
Phone:	
Email:	
Date: _____	
New Landowner Signature: _____	

New Timber Owner – Complete this section only if you are transferring your timber rights	
Legal Name of Timber Owner: (Print)	Mailing Address:
Phone:	
Email:	
Forest Tax Reporting Account Number: (Contact Dept. of Revenue at: 1-800-548-8829)	
Date: _____	
New Timber Owner Signature: _____	

<input type="checkbox"/> Received by: _____	Date: ____ / ____ / ____
(Clark County Forest Practices Staff Signature) 07/10/2019	