APPLICATION FORM for NCCF FOREST MANAGEMENT CERTIFICATION

The eligibility and scope of service will be decided on the basis of information provided by the Operator in this application. Charges will be incurred & /or work conducted only after Work Order is executed.

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| **Section 1: Operator’s {FOREST MANAGEMENT ENTERPRISE (FME) } Information** | | | | | |
| **1.Basic Information** | | | | | |
| Operator’s Name *(as it appears on the contract*): | | | | | |
| Street: | | | City: | | |
| State: | | | Pin : | | |
| Country: | | | E-mail : | | |
| Mobile Number**:** | | |
| **Operator’s (FME's) Brief description:** | | | | | |
| **2.Nodal Person** | | | | | |
| First Name: | | | Last Name: | | |
| Designation: | | | Email:  Mobile Number: | | |
| **3.** **Operator’s Relationship with other enterprise *(Parent Company / Subsidiaries)*** | | | | | |
| Enterprise’s Name: | | | Corporate Relationship: | | |
| **4. Operator’s Legal Status *(Mark (*✓*) on the applicable)*** | | | | | | |
| * INC | * LLC | * FOREST DEPT. | | * LTD. | * NGO | |

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| **Section 2: Certification Information** |
| Name of the Services Required: |
| Standard (s) against which Certification is Required : **NCCF** |
| What is Operator’slevel of experience with Forest Management Certification ?   * New to this process * Previously certified/audited * Currently certified by another certification body (Please ensure that certificate transfer must comply with the requirements of Certification scheme). * Please add your comments(if any): |
| Desired time limit for Forest Management Certification : |
| Desired time limit for award of Certification: |
| Has the Operator applied earlier to other Certification Body for Forest Management certification within the last five years ? If yes, write the name of certification scheme, year of application & its result : |

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| **Section 3: Forest Management Operations** | | |
| **Type of Forest Management Unit (FMU)** | * Forest on Notified Forest Land - Managed by Forest Dept. * Forest on Non-Forest Land - Managed by Forest Dept. * Forest on Notified Forest Land- Managed by Forest Committees * Forest on Non-Forest Land - Managed by Forest Committees * Forest on Notified Forest Land- Managed by Forest Dept. & Forest Committees * Forest on Non-Forest Land - Managed by Forest Dept. & Forest Committees * If Others- Specify- …. | |
| **Details of Forest Management Unit (FMU):**  ***(Enclose All Maps & Relevant Documents including those from Working Plan/ Management Plan )*** | Total Forest Area as per Working Plan in h. : | |
| Production Forest Area out of total forest area as per Working Plan in h. : | |
| RDF area out of total forest area as per Working Plan in h. : | |
| Annual Estimated Production as per Working Plan{ timber in cmt/fuel stacks/baboo in NT/NTFP (MFP)/ others in numbers } : | |
| Number of FMU situated in Total Forest Area ( Specify if there are multiple FMUs) : | |
| Travel time between FMUs *(Enclose Maps) :* | |
| **Forest Type of FMU/s** | | |
| Name & Location of FMU : (Compartment Number, Forest Block, Circle, Range, Sub-Division, Division, Nearest Villages): |  | |
| Forest Type of each FMU as per Working Plan : |  | |
| **Forest Management History of FMU/s** | | |
| Working Circle of each FMU as per Working Plan | |  |
| Details of plantations of each FMU –Location (Compartment Number), Year of Planting, Area in h., Spp., Survival % etc. | |  |
| **Details of Protected Area (PA-Wildlife Management) if Any:** | | |

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| Is Operator involved in trading of Certified Forest Produce ? | * Yes * No   If yes**,** give Details of trading i.e. source, name of produce, Location, volume & type of trading, turnover etc. for deciding about CoC Audit :- |
| Is there primary or secondary Govt./ Private wood value addition & processing unit like saw mill, pulp, veneer, chipping mill within the FMU ? | * Yes   + No   If yes**,** give Details for deciding about CoC Audit :- |
| This application is for  ALL or  SOME of the forest area of each FMU.  If SOME, list the forest areas in h. in each FMU which is not under the scope of the audit and explain the reason for their exclusion.  *Explain how certified and non-certified products will be kept separate:* | |
| Are there any known controversial issues of any stake holders in each FMU affected by operator’s Forest Management Certification activities?  If so, describe: | |
| Outsourcing Activities:   * Yes * No   If YES, give details of activities. | |

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| **Write any other information the Operator/FME wants to bring into the knowledge of MACC CERT about FME & FMU etc. not mentioned above (if required, enclose in separate sheet) :** |
| **Section 4: Disclosure By Operator/ FME** |
| * I believe that the information provided in this application is true and correct to the best of my knowledge. I am duly authorized to sign this application. I agree to provide all information required for Forest Management certification process & Audit. I understand that MACC CERT will keep all the information & documents confidential. |
| **Name:** |
| **Designation:** |
| **Signature :** |
| **Place & Date:** |

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| **Section 5. For MACC CERT only** |
| **Application Number:** |
| **Name of Application Evaluator :** |
| **Application Review status (Accepted/not accepted/additional information requested):** |
| **Date:** |