



**RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**

DIVISION OF FOREST ENVIRONMENT
235 Promenade Street, Suite 394
Providence, RI 02908

Office: 401.222.2445
Fax: 401.222.2444

RENEWAL APPLICATION FOR COMMERCIAL WOOD OPERATORS REGISTRATION

The undersigned hereby applies for commercial wood operator registration in accordance with Chapter 2-15 General Laws 1956 as amended, "Protection of Trees and Plants Generally."

REGISTRATION OF WOOD CUTTING OPERATIONS

*No person, firm or corporation, or any authorized agent of such person, firm or corporation, shall cut or saw standing or growing trees, shrubs, or vegetation for commercial forest products, other than for the owner's own domestic use, unless such person, firm or corporation is registered as a woods operator with the Department of Environmental Management. All registration certificates expire on **June 30** of the year following the issuance thereof.*

REPORTS TO DEPARTMENT

In accordance with Chapter 2-15 of General Laws 1956 as amended: "Before any person, firm or corporation shall cut or saw, he shall, at least five (5) days prior to such cutting or sawing, notify the Department of Environmental Management on forms prepared by said Department." This pertains to all single holdings of five (5) or more acres in Rhode Island or if the total annual cut exceeds twenty-five (25) cords or five thousand (5,000) board feet.

Please send the completed application form (below) along with a check or money order for the amount of \$25.00 (payable to: RIDEM, State Forestry Fund) to:

**RI DEM Division of Forest Environment
235 Promenade Street, Suite 394
Providence, RI 02908**

DOWNLOAD THIS FORM to your computer before filling it in. PRINT to sign.

WOOD OPERATORS APPLICATION

First Name: _____ Last Name: _____

Mailing Address: _____

City / Town: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Home Address (If different from mailing address): _____

Email Address: _____

Please check box if you are interested in receiving a bid notification for State Timber Harvest

Signature: _____ Date: _____

~~~~~FOR OFFICE USE ONLY~~~~~

Check Number \_\_\_\_\_ Registration Number \_\_\_\_\_ Date Received \_\_\_\_\_