

FC3	SERIAL No
	r and Forest Produce) Regulations, 2012. AME-CURING FIREWOOD LICENCE
Explan	atory Notes
Three copies of this Form must be comdeliver to the licensing officer/District For	rest Extension Officer.
If the spaces provided in this Form are ins	sufficient an applicant may affix attachments to this Form.
	the district where he or she grows tobacco that is to be flue-obacco in two or more districts he or she must apply for a
	equired by this Form to be given the individual may give his ver's Licence Number or Passport Number and must indicate he or she is using.
Applicants are warned that the deliberate application is a criminal offence.	e provision of any false information in or together with this
	e-curing firewood licence for the district of
APPLICA	NT DETAILS
Name, I.D number, physical address a	nd contact details of person making application

2. If the person making this application is not the person in whose name the licence will be issued but is acting in a representative capacity state:

.....

1.

	(a) Name, I.D Number (Company Registration Number) physical address and contact details
	of person in whose name this licence will be issued:
	(b) In what capacity are you acting on behalf of that person (e.g corporate person, lawyer etc):
3.	Give the address or location of the farm on which the tobacco is grown (district/ward and name/plot number) of the farm:
4.	What are the source(s) of firewood for flue- or flame- curing tobacco whether obtained within or outside the district
5.	What hectarage of tobacco requiring flue- or flame-curing have you grown in the season immediately preceding the date of this application (Cubic Metres):
6.	Do you use any other source of energy other than firewood to flue- or flame-cure your tobacco?
	YES or NO If YES (please specify):
	ration by applicant: re that the particulars given by me in this Form are to the best of my knowledge and belief true.
Date	Signature of applicant

	Officer			Designation				
	Signatu	re:			Da	ate &Stam	р	
1.	Receipt	No :						
2.	_							
3.			of this application					
4.	Recommendation of licensing authority (fill in where appropriate):							
			ithout conditions rec					
	(b)	Approval	recommended	subject	to	the	following	condition
					•••••	• • • • • • • • • • • • • • • • • • • •	•••••	••••••
		•••••		••••••	••••••			•••••
					•••••			
				••••••	•••••	••••••	•••••	••••••
	(c)	Rejection	recommended	l for		the	following	reaso
	, ,							
		FOR OFFIC	CIAL USE OF PROV	INCIAL FO	REST E	EXTENSIO	ON OFFICER (ONLY
1.	Provinc	ial Forest Ex	xtension Officer una	able to proce	ess annl	lication di	ue to the follo	wing reason

				1 .		11.7	
•	Approved		wit		condition		
	Approved	subject	to	the	following	conditions	
•	Rejected	for	the		following	reasons	
				••••••			
	Date of transmi	ission of application b	ack to licer	 nsing author	ity		
				-			
	Signature:		D	ate &Stamp			
_		NOTIFICAT	TION PAR	RTICULAR	as		