



ACCESS CONTROL AUTHORIZATION APPLICATION

For authorization to prevent passage on a Forest Service Road

Date: _____

Name of Applicant (legal entity): _____

Address: _____

Telephone: _____ Client Number: _____

E-Mail Address: _____

This application is for access restriction on a Forest Service Road, where use of the road would:
likely cause significant damage to the road,
cause significant sediment delivery,
endanger property, public health or public safety.

Include a detailed rationale. Must include reasons for the authorization request and why other means of traffic control are not sufficient.

Forest Service Road (FSR) Name _____ and Branch no. _____

Km mark: _____ GPS coordinates: _____

Installation Date: _____ approximate expiry date: _____

Identify type of access control:

- ☐ Gate,
- ☐ Concrete Barrier,
- ☐ Boulders,
- ☐ Other: _____

Include:

- ☐ Location Map,
- ☐ Detailed Rationale attached.

Note: Completion of a conformance letter signed by a professional will be required at the installation and removal of the structure.

Email application form, rationale and location map to: **FTA.DCKDSQ@gov.bc.ca**

Applicant's Signature

Print Name