



TEMPORARY ROAD CLOSURE AUTHORIZATION APPLICATION

To prevent passage on a Forest Service Road

Date: _____

Name of Applicant (legal entity): _____

Address: _____

Telephone: _____ Client Number: _____

E-Mail Address: _____

This application is to temporarily prevent passage on an FSR to manage environmental and public safety issues including active operations.

Forest Service Road (FSR) Name _____ Road ID _____ Section ID _____
Closure location km _____ GPS coordinates: _____

- ☐ Location Map showing the proposed closure location on the FSR,
- ☐ Traffic Control Management Plan that includes road closures/road delays, dates and times, road opening times and duration and company contact information.
- ☐ Proof of engagement and acceptance by the RUP holders who may be impacted due to the temporary road closure.
- ☐ Rationale for the temporary road closure.

Start date: _____ and Completion date: _____

Email application form, location map and Traffic Control Management Plan to:
FTA.DCKDSQ@gov.bc.ca

Applicant's Signature

Print Name