



STATEMENT OF GENERAL CONFORMANCE

ACCESS CONTROL CONFORMANCE FORM - INSTALLATION

Access Control Authorization Number: Date:

Licensee:

I am a (check one) ☐ Registered Forest Technologist, ☐ Professional Engineer, ☐ Geoscientist or ☐ Professional Forester, registered with the appropriate professional association in British Columbia, and I have undertaken professional responsibility for all field reviews required with respect to these road maintenance works. I have taken steps as regulated under the Provincial Statute for my profession and as required by good practice, in order to sign and seal this Statement of Works Conformance.

Form of access control (Fill in all applicable boxes).

- ☐ Gate
☐ Concrete Barrier, please specify:
☐ Boulders
☐ Other, please specify:

Location of access control structure:

FSR Branch #: at km. GPS Coordinates:

Date of installation: Photos submitted: ☐

Estimated date of removal:

In my professional opinion:

All installation works are safe to use for their intended purpose and in general conformance and consistent with obligations set out under Access Control Authorization:

Comments:

I confirm that as the Access Control authorization holder I have contacted all road use permit holders on this road and they are aware of my intentions to restrict access to this branch of this Forest Service Road. List of road users contacted:

Company and contact name:

Company and contact name:

Company and contact name:

I confirm that:

- Sufficient field reviews of the work considered necessary have been completed, and at my discretion. I confirm that the completed work is in general conformance with the accepted authorizations and other supporting documents prepared for this project have been carried out at appropriate times during the work by me or under my professional direction.

Sign and Seal for restricted access installation conformance on assigned branch:

Signature of Qualified Registered Professional		<i>(please affix professional seal here)</i>
Name of Qualified Registered Professional <i>(please print)</i>	Date Signed YYYY MM DD	
EMPLOYER'S NAME AND ADDRESS <i>(please print)</i>		
Phone No: <input type="text"/> Email Address: <input type="text"/> Fax No.: <input type="text"/>		