



STATEMENT OF GENERAL CONFORMANCE

ROAD USE PERMIT CLOSURE REQUEST

To be completed by the Licensee/representative upon request for closure of a Road Use Permit.

Road Use Permit Number: Licensee: Date:

Prior to determination of Road Use Permit closure/modification the District Manager reserves the right to request more information.

Designated Maintainer Branches:

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.

In my professional opinion:

All road maintenance work is in general conformance and consistent with obligations set out under Road Use Permit (RUP) # _____ inclusive of any other contractual or legislative requirements related to a Timber Sale or other authorization for which the RUP was acquired.

FSR/Branch identification: List Branches requested to be removed from RUP (Designated Maintainer Status) *Fill in all applicable boxes.*

Branch _____ from _____ km to _____ km. ☐ Transfer obligations ☐ Deactivated ☐ Left to wilderness level of maintenance.

Branch _____ from _____ km to _____ km. ☐ Transfer obligations ☐ Deactivated ☐ Left to wilderness level of maintenance.

Branch _____ from _____ km to _____ km. ☐ Transfer obligations ☐ Deactivated ☐ Left to wilderness level of maintenance.

I confirm that as the Designated Maintainer I have contacted all secondary road maintainers on this road and they are aware of my intentions to surrender/amend out these branches of this road use permit. List of secondary maintainers contacted:

Company and contact name: _____,

Company and contact name: _____,

Company and contact name: _____,

Comments: _____

On branches where I am the Designated Maintainer and obligations will not be transferred to another road use permit holder, I confirm that:

☐ As of the date of inspection (date of inspection: _____) all roads listed above are in an environmentally maintained condition consistent with a wilderness level of maintenance.

☐ Roads and all associated structures are in an environmentally sound self-maintaining state.

☐ Drainage systems of the road are functional as defined by appropriate legislation and regulations.

☐ The structural integrity of the road prism and clearing width are protected

☐ Other conditions and obligations named below have been complied with:

☐ 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 prescriptions 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.

☐ Significant revisions to the prescriptions and supporting documents prepared for this project, including all prescription amendments, have been documented and recorded on a set of drawings (maps) marked "as-built" and, where necessary are described in supporting documents.

Sign and Seal for Designated Maintainer Assigned Branches:

Signature of Qualified Registered Professional		(please affix professional seal here)
Name of Qualified Registered Professional (please print)	Date Signed YYYY MM DD	
EMPLOYER'S NAME AND ADDRESS (please print)		
Phone No:	Fax No:	
		Email address:



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Secondary User Branches:

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.

FSR/Branch identification: Secondary User: List Branches requested to be removed from RUP (Secondary User Status)

Branch_____ from_____ km to_____ km. Designated Maintainer _____

Branch_____ from_____ km to_____ km. Designated Maintainer _____

Branch_____ from_____ km to_____ km. Designated Maintainer _____

Branch_____ from_____ km to_____ km. Designated Maintainer _____

I confirm that the Designated Maintainer has been contacted and is aware of my intentions to surrender/amend out these branches of this road use permit.

Designated Maintainer company name:_____

Designated Maintainer contact name: _____

Comments:_____

Sign and Seal For Secondary User Branches :

Signature of Qualified Registered Professional		(please affix professional seal here)
Name of Qualified Registered Professional (please print)	Date Signed YYYY MM DD 	
EMPLOYER'S NAME AND ADDRESS (please print)		
Phone No:	Fax No:	Email address: