

TRANSFER GUIDELINES VARIANCE REQUEST

ATTACH COMPLETED FORM TO OPENING FILE NO. AND/OR SP

APPLICANT'S INFORMATION

REQUESTING AGENCY NAME		DISTRICT Rocky Mountain	
ADDRESS		PHONE	FAX
SUBMITTED BY (print name and title)		SIGNATURE	DATE Y M D

SEED / VEGETATIVE LOT INFORMATION

SPECIES	LOT NO.	GENETIC CLASS	LOCATION	LATITUDE	LONGITUDE
ELEVATION Mean: Min.: Max.:		SEED PLANNING ZONE(S)	BGC	ASPECT	NO. OF TREES (k) REQUEST KEY NO.

OTHER INFORMATION

SITE DESCRIPTION

LOCATION	LATITUDE	LONGITUDE	ELEVATION Mean: Min.: Max.:		SEED PLANNING ZONE
BGC, SUBZONE AND VARIANT	ASPECT	OPENING NO.	LICENCE NO. / BLOCK NO.		

OTHER INFORMATION

TRANSFER GUIDELINES (complete applicable sections)

LATITUDE N S		LONGITUDE W E		ELEVATION (m) Up Max.: Down Min.:		OTHER	VARIANCE EXCEEDS LIMITS BY
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REASON(S) FOR REQUEST

(attach additional pages or maps, if necessary)

OFFICIAL USE ONLY

REMARKS	
☐ APPROVED ☐ NOT APPROVED	DISTRICT MANAGER OR AUTHORIZED PERSON'S NAME AND TITLE T. Wideski - District Manager - Rocky Mountain Forest District
DATE Y M D	SIGNATURE