

Application to Import Logs or Forest Products

Date (dd/mmm/yyyy):					
Importer Information (owner	•	·			
Company Name:					
Individual Contact Name:					
Street Address/Box #:		City	/Town:		
Province/State:	Postal/Zip Code:				
Phone Number:	Fax Number	:		Email:	
Description of Imported Pro	duct				
	uce 🗆 douglas fir 🗆 olar 🗆 birch 🗆	cedar □ elm □	other		
Product Description:					
Volume or Number of Logs/Pi	eces and Dimensions:				
Month/Year of Harvest:					
Harvest Location/Wood Origin	۱ (nearest town or legal descrip	otion):			
Importation Information					
Point(s) of Entry (hwy # or port	t name):				
Date(s) of Entry:					
Destination					
Name (company or individual)):				
Street Address/Box #:		City	/Town:		
Province/State:		Postal/Zip C	ode:		
Phone Number:					
Mail, fax or email application t	o: Forest Stewardship J. G. O'Donoghue B Suite 303, 7000 - 11	uilding		T6H 5T6	

Fax: 780-415-1509 E-mail: seena.handel@gov.ab.ca