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For DNR Region Office Use Only	
FPA/N #:	
Region:	
Received Date:	

Forest Practices Application/Notification
For Aerial Chemicals

Project Name: _____

PLEASE USE THE INSTRUCTIONS TO COMPLETE THIS APPLICATION.

1. Landowner, Timber Owner and Operator

Legal Name of LANDOWNER	Legal Name of TIMBER OWNER ☐ Same as Landowner	Legal Name of OPERATOR ☐ Same as Landowner
Mailing Address:	Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone: Email:	Phone: Email:	Phone: Email:

2. Contact Person

Contact Person:	Phone: Email:

3. Are you substituting prescriptions from an approved state or federal conservation agreement or Watershed Analysis?

☐No ☐Yes Write 'HCP' or 'Using Prescriptions' in tables that apply. Attach or reference prescriptions and/or crosswalks form on file at the Region office.

4. Complete the following property description:

Unit Number	Acres	Section	Township	Range	E/W	County

5. Chemical Information – Show all buffers on your Activity Map**

Unit Number	Acres Treated	*Active Ingredient	*List associated EPA Number by Active Ingredient	Are you spraying within:			Site Prep (Anticipated year)	Spring Conifer Release (Anticipated year)	Fall Conifer Release (Anticipated year)
				100 feet of agriculture land?	200 feet of a residence?	100 feet of surface water?			

**Most active ingredients are sold under multiple brand names. Each brand has a different EPA number. One brand of each active ingredient is generally used at a time and brands may be substituted if listed above.*

***Additional information may be added on separate pages as needed.*

6. Is this proposal (answer every question):

a. ☐No ☐Yes Within the city limits or an urban growth area? *If yes, include SEPA Environmental Checklist, or SEPA Determination, or approved 10-year management plan.*

b. ☐No ☐Yes Within a public park? *If yes, include SEPA Environmental Checklist or SEPA Determination.*
Park name: _____

c. ☐No ☐Yes Within 500 feet of a public park? Park name: _____

d. ☐No ☐Yes An Alternate Plan? *If yes, include a copy of the Alternate Plan.*

e. ☐No ☐Yes Using a chemical that is not registered or for a use that is not allowed under the label? *If yes, include a copy of your Experimental Use Permit and a SEPA Environmental Checklist.*

f. ☐No ☐Yes Applying a pesticide in a Type A or Type B Wetland? *If yes, include a SEPA Environmental Checklist or SEPA Determination.*

7. Are you spraying 240 or more contiguous acres?

☐No ☐Yes *If yes, include a SEPA Environmental Checklist or SEPA Determination.*

8. Have you reviewed this forest practices activity area to determine whether it may involve historic sites and/or Native American cultural resources? Read the instructions before answering this question.

☐No ☐Yes If you made any contacts, please provide information in Question 9.

9. Additional Information (attach additional pages if necessary):

10. We acknowledge the following:

- The information on this application/notification is true.
- We understand this proposed forest practice is subject to:
  - The Forest Practices Act and Rules AND
  - All other federal, state or local regulations.
- Compliance with the Forest Practices Act and Rules does not ensure compliance with the Endangered Species Act or other federal, state or local laws.
- We understand that applying chemicals is not an activity included as part of the DNR's Incidental Take Permit for aquatic species.
- Inadvertent Discovery – Chapters 27.44, 27.53, 68.50 and 68.60 RCW
  - If you find or suspect you have found an archaeological object or Native American cairn, grave, or glyptic record, immediately cease disturbance activity, protect the area and promptly contact the Department of Archaeology and Historic Preservation at 360-586-3077.
  - If you find or suspect you have found human skeletal remains, immediately cease disturbance activity, protect the area, and contact the County Coroner or Medical Examiner and local law enforcement as soon as possible. Failure to report human remains is a misdemeanor.

The landowner understands that by signing and submitting this FPA, he/she is authorizing the Department of Natural Resources to enter the property in order to review the proposal, inspect aerial chemical operations, and monitor compliance for up to three years after its expiration date. RCW 76.09.150

Signature of Legal LANDOWNER	**Signature of Legal TIMBER OWNER*** *(If different than landowner)*	**Signature of Legal OPERATOR** *(If different than landowner)*
Print Name:	Print Name:	Print Name:
Date:	Date:	Date:

** NOTE: If you are a "Perpetual Timber Rights Owner," and are submitting this without the Landowner's Signature, provide written evidence the landowner has been notified.*

Please make a copy of this FPA/N for your records.