Please fill in this form to receive fra non-binding service quote. Feel free to leave fields blank if

**Forestry service request form**

**Reliable services for your operation**

you are unsure of the answer. We will contact you for clarification.

|  |  |  |
| --- | --- | --- |
| **Your contact information** | | |
| Organisation name: |  | |
| Primary contact: | Name: | Mobile: |
| Position: | Email: |
| Mailing address: | Country: | City: |
| Str/no: | Postal code: |
| Phone: | Fax: |
| Other info: | Business registration no**:** | Website: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Scope of your certificate or verification** | | | | | | | |
| Which services are you interested in: |  | FSCTM Forest Management certification | |  | LegalSourceservices | | |
|  | FSC Controlled Wood forest certification | |  | Carbon Footprint Management certification | | |
|  | PEFC Forest Management certification | |  | Carbon forestry project validation/verification | | |
|  | SFI Forest Management Certificaiton | |  | SmartLogger Certficaiton  SFI Fiber Sourcing Certificaiton | | |
| Type of operation: | Private landowner | | | Public landowner | | | |
| Forest Management Units (FMUs): | How many FMUs are included in the area that you wish to certify? | | | Forest Management Units (FMUs): | | | |
| All FMUs meet FSC SLIMF\* criteria: | Yes | | | No | | | |
| Organization size: | Number of employees: | | | | | | |
| Gross annual sales turnover (including non-certified):**USD** | | | | | | |
| Area of forests: | Total forest area: | | ha | Managed forest: | | | ha |
| Felling volumes: | What is the maximum annual allowable cut: | | | What was the actual felling volume last year: | | | |
| High Conservation Value Forest (HCVF) | Do the forest areas in the desired scope of certification contain attributes of HCVF, as defined by FSC? | | | | | Yes  No  Not sure | |
| Excluded forest areas: | Are there other forest management units owned or managed by your company that are not included in the proposed scope of certification? If yes, please provide additional information: | | | | | Yes  No | |
| Earlier evaluations: | Has your company been assessed before for the same type of certification? | | | | | Yes  No | |
| If yes, please specify the certification body: | | | | | | |

*\*SLIMF = Small or Low Intensity Managed Forest.* [*Learn more*](https://ic.fsc.org/slimf-certification.607.htm)

**Please send the completed form to {insert PbN contact} or directly to your local NEPCon contact. We will contact you shortly.**