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 CertficaitonSFI 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.**