



forestry, fisheries
& the environment

Department:
Forestry, Fisheries and the Environment
REPUBLIC OF SOUTH AFRICA

For office use only:

File Reference Number:	Date Received:

**APPLICATION FOR A LICENCE REGARDING
ACTIVITIES CONDUCTED IN A STATE FOREST
[SECTION 23 (1)(I) OF THE NATIONAL FORESTS ACT, 84 of 1998, AS
AMENDED]**

PLEASE READ CAREFULLY

Complete this form

If you want to –

- (a) Conduct any activities that may be licensed in a State forest in terms section 23 (1)(I) of the National Forests Act, 1998.

The form must be completed in PRINTED LETTERS and BLACK INK and sent or delivered to the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

Exemptions from licensing

Certain of the abovementioned activities, or parts of a protected tree or its products, may from time to time be exempted from licensing, as published in the Government Gazette Notice number: 30947, 11 April 2008. Enquiries regarding exemptions can be made at the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

Fees

A license fee may be levied for certain activities; the fee is to be guided by the Departmental tariffs. Enquiries regarding tariffs can be made at the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

Please mark the applicable box with “x”

New application	Renewal provide licence number Licence No.:	Amendment/ cancellation
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A	PARTICULARS OF APPLICANT AND GENERAL INFORMATION
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Name of applicant									
ID Number / Passport Number									
Postal address									
Residential address									
Fax number									
Telephone number									
Cellular phone number									
E-mail address									
Gender (For statistical purposes): <i>(Mark with X)</i>	M	F	Race: <i>(Mark with X)</i>	Black	White	Coloured	Indian		
† ATTACH A CERTIFIED COPY OF YOUR IDENTITY DOCUMENT / PASSPORT TO THIS APPLICATION FORM									

Describe the forest where the activity will be conducted:

Supply as much as possible, detailed information about the State forest affected

State Forest:
District:
Local municipality:
Town:
Province:

For what period is a licence required?

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Who will be the beneficiaries of this license? *(indicate with an X below please)*

Applicant Only	
A Community	
Organization	
Other <i>(specify)</i>	

If applicable, name the community or organisation that will benefit from the proposed activity or project.

B	DESCRIPTION OF THE ACTIVITY
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a) For what purpose is a licence required?

Give a brief description of the area prior to the commencement of the activity (e.g. grassland, natural forest or plantation).

b) Describe the anticipated environmental impacts and proposed mitigation measures

a) Is this an application for a license under a granted servitude?

Mark with X	Yes	No
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b) Has authorization been granted in terms of other applicable legislation (e.g. NWA, NEMA, CARA, MPRDA, etc.) *Please attach proof of authorization.*

Mark with X	Yes	No
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C	DESCRIPTION OF ACTIVITY (THE USE OF A STATE FOREST FOR RECREATIONAL, EDUCATIONAL, CULTURAL, OR SPIRITUAL PURPOSES WHERE THERE IS NO RIGHT TO SUCH USE UNDER SECTION 19) TO BE LICENSED
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a) Give a brief description of the area prior to the commencement of the activity (e.g. grassland, natural forest or plantation).

b) Describe the anticipated environmental impacts and proposed mitigation measures.

c) Select the applicable category of activity (indicate with "X" below please):

Category	Indicate with X	Relevant authorization	Number of people to enter State forest
Recreational			
Educational		Attach letter/authorisation from institutions concerned	
Cultural		Attach letter/authorisation from the local traditional authority or municipality	
Spiritual		Attach letter/authorisation from the local traditional authority or municipality	

d) Describe as much as possible the activity to be conducted:

DECLARATION BY APPLICANT

I, the undersigned, declare that all the particulars furnished by me in this application form are true and correct.

SIGNATURE: _____ DATE: _____

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RECOMMENDATIONS BY DAFF OFFICIAL:

Signature:

Date:

APPROVED/NOT APPROVED:

Signature:

Date: