NCSU College of Natural Resources
Application for Permission to Use Forest Assets

Scope (Research or other project): if you want to work in the Forests in such a manner that trees, wildlife, soil, or forest floor may be disturbed, you must submit this form to the College Forest Asset Forest Manager (Elizabeth Snider or John Sanders – Hofmann) and Executive Director of Forest Assets (Sam Cook) prior to starting any work. This form may also be used for other events or meetings to prevent conflicts with other users. Thank you.

Forest (circle): Goodwin  Hill  Bull Neck  Hosley  Schenck  Taylor  Lee  Timaca  Hofmann  Gates

Block (Hill Forest): ___  Stand Number: ___  Coordinates:________________________

Description of proposed work (include equipment you may use):

Objective of proposed work:

Start Date:  ________________  Completion Date:  ________________

Are you familiar with the Safety Manual for People Using the NCSU Forests?
____ yes  _____ no.

I agree to use all required Personnel Protective Equipment for the tools that I will be using and that I have been trained in their proper and safe use.

By signing this permit application, the individual, being familiar with the risks assumed by those participating in research in a forested setting and hereby verifies his/her assumption of such risks and the regulations while on the CNR Forest Asset Forests. This individual agrees to hold harmless the College of Natural Resources, NCSU, its officers, trustees, agents, and employees so that they shall not be held liable for any injury to person or property. This person also agrees to furnish to the Forest Asset Department copies of all research summaries from this work.

Signed: _____________________  Date:  _____________________

Please Print Name:  ______________________________________________

Approvals:
______________________  Date: ___________ (Forest Manager)
______________________  Date: ___________ (Executive Director for Forest Assets)
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Please check association:  ___CNR  ___NCSU (have those not associated with CNR/NCUS sign below)
___Other Educational or Government Entity (Please sign below)
___Outside Organization (Please sign below)

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Signed: __________________ Date:

Please Print Name:
Position/Department or Organization:

Signed: __________________ Date:

Please Print Name:
Position/Department or Organization:

Signed: __________________ Date:

Please Print Name:
Position/Department or Organization:

Approved:
_________________________ Date: ___________ (Forest Manager)

_________________________ Date: ___________ (Executive Director for Forest Assets)