

Authorisation Form to allow Registered Foresters to act on behalf of a Forest Owner

Form FSAUTH1

Panel A – Customer details To be completed by the registered owner(s) of the forest. If the Forest is owned in joint names, all parties must sign this form. Provision has been made for up to 2 joint owners below. Please use **BLOCK CAPITALS**. Please use this form only where the forest owner is an individual(s). Use FSAuth2 where the forest owner is a company.

Forest Owner No: (FO) _____ (if known)

1st Personal Public Services Number (PPSN):

2nd Personal Public Services Number (PPSN):
(Where there is more than one owner)

Gender: M ___ F ___

Title: Mr. ___ Mrs. ___ Miss ___ Ms. ___

Date of Birth: DD ___ MM ___ YEAR ___

Owner(s) Forname: _____

Owner(s) Surname: _____
(as registered with the Department of Agriculture, Fisheries & Food)

Address: _____

Farmer Status: Full time ___ Part-time ___ Non-farmer ___

Authorisation and Declaration

I/we confirm that the information in this **Panel A** is correct to the best of my/our knowledge and that it refers to me/us.

I/we confirm that I/we are over 18 years old and that my/our tax affairs are in order.

I/we authorise the Forestry Company's Administration (non-Forester) Staff to view my/our details on my/our behalf.

I/we authorise the Forestry Company listed above and the Registered Foresters employed by that company to interact with the Department of Agriculture, Fisheries & Food on my/our behalf for the purpose, in the first instance, of completing and submitting my/our Forestry Scheme application form online and thereafter for the submission of my/our Forestry details in such format as may be required from time to time by the Department.

I/we authorise the Department of Agriculture, Fisheries & Food to forward my/our personal details to the Forestry Company named-above.

I/we consent to the release of non-personal information supplied by me/us in respect of Forestry application submitted by me/us or on my/our behalf by the above Registered Forestry Company as required to comply with current environmental consultation procedures and Freedom of Information Acts.

I/we understand that I/we cannot claim forestry grant or premium in respect of any area, which is included in a claim under any other area-linked EU scheme in the same calendar year, except where the applicant has fulfilled national rules for these Schemes.

I/we understand that I/we must not undertake any forestry work, preliminary or otherwise, before I/we receive written approval from the Forest Service. Otherwise I/we have no entitlement to the grant.

If you have any queries in relation to the form, please contact this unit at Lo call Number **1890 200 509**

Return this form to: Forest Service, Department of Agriculture, Fisheries & Food, Johnstown Castle, Wexford.

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Authorisation and Declaration (contd.)

I/we agree to provide relevant documentation in relation to ownership and proof of Farmer Status (where required) and any other relevant documentation as may be required in support of my grant claim for the development of the lands in question. I/we understand that this documentation must be provided, where requested, before any grant will be paid.

I/we are responsible for the establishment of the forest. The Department will not be held liable for any issues that may arise regardless of any Department inspection that a site may receive.

I/we undertake to carry out such appropriate instructions on the management and upkeep of the plantation and other related grant aided works as are given to me by officers of the Department of Agriculture, Fisheries and Food.

I/we undertake to maintain and protect the plantation for a period of 20 years and comply with all of the conditions of the scheme.

I/we undertake to notify the Department in writing if I enter into a contract for sale of the plantation or if the ownership is transferred for any other reason.

I/we undertake to notify the Department in writing if I change address.

I/we undertake to repay to the Department, if requested, all grant and premium (where applicable) paid in respect of the plantation if I/we fail to meet the conditions of the scheme or if, on change of ownership, the new owner does not undertake to fulfill these obligations.

I/we understand that the plantation is subject to the Forestry Act 1946, which controls the felling of trees.

I/we consent to the release of my details to COFORD, the National Council for Forestry Research and Development and Teagasc who may communicate with me/us in relation to the development of Forestry.

I/we do request information on forestry training courses approved by the Department of Agriculture, Fisheries and Food.

Owner's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

All named owners must sign this form

Panel B – Registered Foresters' details. *To be completed by the Forestry Company.*

Please use BLOCK CAPITALS.

1st Forester Recipient No: (FR) _____

1st Forester Agent Number: (AGT) _____

1st Forester Name: _____

Name of Registered Forestry Company: _____

Signature: _____

2nd Forester Recipient No: (FR) _____

2nd Forester Agent Number: (AGT) _____

2nd Forester Name: _____

Name of Registered Forestry Company: _____

Signature: _____

3rd Forester Recipient No: (FR) _____

3rd Forester Agent Number: (AGT) _____

3rd Forester Name: _____

Name of Registered Forestry Company: _____

Signature: _____

**Name & Address of Registered
Sole Trader/Forestry Company** _____

If you have any queries in relation to the form, please contact this unit at Lo call Number **1890 200 509**

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For Official Use Only - CCS			
Customer linked to 1st Forester		Recorded by	
Customer linked to 2nd Forester		Date recorded	
Customer linked to 3rd Forester			

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Authorisation Form to allow Registered Forester(s) to act on behalf of a Forestry Scheme Applicant

To the Applicant,

Please complete the application form (page 1) if you wish to authorise the Forestry Company listed and its Registered Foresters to complete and submit your Forestry Scheme application form(s) online to the Department of Agriculture, Fisheries and Food on your behalf with effect from 01/01/2008. Please ensure that the data you provide on the form is complete and accurate. Incomplete forms will be returned, thereby delaying this registration process.

The agreement between you and the Registered Forester(s) will remain in place until such time as either party notifies the Department in writing that the agreement is terminated.

In order that your Authorised Forester can act on your behalf in this matter, and thereafter for the purpose of the submission of your Forestry details in such format as may be required from time to time by the Department, those Registered Forester(s) will have access to all Pre-approval applications received by this Department on or after 01 January 2008 where that Registered Forester continues currently to be employed by the same Forestry Company.

The Department of Agriculture, Fisheries and Food shall not be liable for any direct or indirect loss or liability to the client resulting from the use by a Forestry Company/Forester of the Forestry Online Internet application to submit a Forestry application on behalf of a client. Full responsibility for the data submitted online rests with the Forestry Company/Registered Forester and the client concerned. The Department will issue an official acknowledgement on receipt of your online application.

This form, when completed, should be sent to

**Forest Service,
Department of Agriculture, Fisheries & Food,
Johnstown Castle,
Wexford**

If you have any queries in relation to the form, please contact this unit at Lo call Number **1890 200 509**

**Gerry Fogarty
Forest Service**

If you have any queries in relation to the form, please contact this unit at Lo call Number **1890 200 509**

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