

Application for Registration as a Forestry Agent by a Registered Forester/Forest Company

Panel A - Forester details *To be completed by the Registered Forester (Employee). All fields are mandatory. Please use Block Capitals.*

Personal Details

Personal Public Services Number (PPS No):

Title: _____ **First Name:** _____ **Surname:** _____

Gender: Male Female **Date of Birth:** _____

Home Address: _____

Mobile No: _____

If mobile given, do you wish to receive SMS messages? **Yes** **No**

Company details

Name of company: _____

Address of Company: _____

Forestry Company No.: _____
(As issued by the Department of Agriculture, Fisheries & Food)

Individual's e-mail Address: _____
(Your Logon ID will be issued to this email address)

Telephone No: _____ **Fax No:** _____

I wish to apply to the Department of Agriculture, Fisheries & Food

- ✓ to be registered as a Forestry Agent;
- ✓ to be registered for access to the Department's Single Sign-On system
- ✓ to be granted the authority to submit Forestry application forms online on behalf of my clients.

Applicant's Declaration

I hereby apply to be registered with the Department of Agriculture, Fisheries & Food as specified above. I acknowledge that the data to which I will have access is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information is made available to me for the purposes of submitting Forestry application forms online on behalf of my clients. I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties. I confirm that I will keep my log-on details confidential and will not disclose them to a third party. I confirm that the information on this form is correct to the best of my knowledge and that it refers to me.

Signed: _____ **Date:** _____

Forest Company Registration Form

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.
FSRReg1

Agency Details Please complete Panel B or C below and sign the declaration at Panel D. This page is to be completed by the Company Manager.

Panel B. Please complete if the Agency is already registered with the Department. Please use Block Capitals.

If your Agency has already been registered with the Department, the Department will have issued you with your Forest Company Number. Please quote your number and your Company Name.

Agency Number: _____

Company Name: _____

Panel C. Please complete if the Agency is not registered with the Department. Please use Block Capitals.

Is the Agency a Company or an Individual/Sole Trader? **Company** **Individual/Sole Trader**

Please complete these fields for Company

Please complete these fields for Individual/Sole Trader

VAT Number: _____

PPS Number:

CRO Number: _____

First Name: _____

Company Name: _____

Surname: _____

Trading Name: _____

Date of Birth: _____

Contact Name for the Company: _____

Please complete the remaining fields below in either situation

Address: _____

Telephone No: _____ Mobile No: _____

Please tick if you wish to receive SMS messages

Email Address: _____ Fax No: _____

Panel D. Declaration. You must complete this panel.

I confirm that the information above is correct to the best of my knowledge and that the person named overleaf is employed by this agency.

Signed: _____ Date: _____ Company Stamp or Seal

Position held in Company: _____

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For Official Use Only - CCS		For Official Use Only – SSO	
Agent Number Assigned		Form & CCS match	Yes No
Date Letter/email issued to Forester		Login Assigned	
Agency Number Assigned		Authority allocated	Forest Service
Date Letter/email issued to Agency		Registered by	
Registered by		Date registered	
Date registered			