

Timbering License Processing Info Sheet
Valid for 2 years starting July 1, 2024

PLEASE ALLOW TWO WEEKS FOR PROCESSING

In order to obtain a new timbering license, you will need the following:

1. The attached application completely filled out, signed and dated
2. A current West Virginia Business Registration Number. Call the Tax Department at **304-558-3333**. This will be an 8-digit number. **You MUST list the number on the application.**
3. Worker's Compensation coverage is required for those with employees.

If you have employees, a copy of your **Certificate of Insurance or Certificate of Liability** from a Worker's Compensation Insurance Company or Agent licensed in WV.

If you are from out of state, and have permanent nonresident employees working in West Virginia temporarily more than thirty (30) nonconsecutive days within a 365-day period or employees who live in West Virginia will need to obtain Workers' Compensation Insurance coverage from an insurer licensed in WV. If you have any questions regarding this, you can contact the WV Insurance Commission at **304-414-0539**.

4. **MANDATORY - Letter of compliance from Workforce WV** (Unemployment Compensation). Contact **304-558-2677** Status Determination unit to register. An original compliance letter from Workforce WV will be sent. Required letter is signed by **Tim Strickland**. (Must be dated 4/1/2024 or after). Please make a copy of the original for your records it will not be returned.
5. A check or money order for **\$150** made out to "WVDOF".
6. **Timber Licenses marked with a classification of Timbering Operation**, there must be a current Certified Logger Certification associated with operation.

If you have questions regarding Timbering License application, call Robin Black at (304) 352-4867.

PLEASE NOTE: ALL REQUESTED INFORMATION MUST BE ATTACHED. IF YOU FAIL TO PROVIDE ANY OF THE INFORMATION REQUESTED, YOUR APPLICATION WILL BE RETURNED WITHOUT BEING PROCESSED.

When you provide a check as payment, you authorize the West Virginia State Treasurer's Office (WVSTO) either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as an image transaction. For inquiries, please call the WVSTO at 1-866-243-9010.

When the WVSTO uses information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

Privacy Notice

The West Virginia Division of Forestry collects and processes certain personal information as needed for appropriate and customary business purposes. Personal information may be disclosed to other State agencies or third parties as necessary in the normal course of business or to comply with federal or state laws, including Freedom of Information Act requests. If you have questions about our use of personal information, please contact Robin Black at 304-558-2788.

APPLICATION FOR TIMBERING LICENSE

West Virginia Division of Forestry

(License Valid for 2 years starting July 1)

Company Name: _____
Please print or type (USE BLUE INK)

Contact Person*: _____ Soc. Sec. # _____
(*Must be owner, principal officeholder or other individual who has authority to operate under this license and must sign this form.)

Business Mailing Address: _____
Street or Route and Box Number

_____ Town or City State Zip

Telephone _____ Email _____

Have you ever been licensed in any other name? _____ If "yes," list: _____
Name Year

Check the type(s) of operations the company will be performing: Timbering operation _____ Timber Buying _____ Log Buying _____

List current West Virginia Business Registration Account Number _____ (8 digits)

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. Social security numbers are required by us for identity purposes. Failure to provide a SSN will result in your application being returned as incomplete. We have authority to solicit your social security number because of W.Va. Code §§19-1B-4,5 and/or 6.

List the names, addresses, social security numbers & telephone numbers of the owner(s), partners and/or officers of said company.

List the names, addresses, social security numbers & telephone numbers of all persons who serve as timber buyers and/or log buyers.

For DOF Use Only
Check No. _____
Date: _____
Amount: _____
Date Approved: _____

Authorized signature Date

Enclose a check for \$150 made payable to "WVDOF"
Mail check and top copy of application to:

West Virginia Division of Forestry
Logging Program
7 Players Club Dr.
Charleston WV 25311
304-558-2788 Option 3