



# RENEWING TIMBERING LICENSE INFO SHEET

West Virginia Division of Forestry

Valid for 2 years starting July 1<sup>st</sup>

1. Provide all requested information on Page 1 and Page 2
2. Obtain proper authorized signature (see note under "Contact Person" on application)
3. Enclose check or money order made payable to WVDFOF
4. Confirm compliance with the offices of:
  - Workforce WV (unemployment) 304-558-2451
  - WV State Tax Department 304-558-3333
  - WV Secretary of State 304-558-8000
  - WV Insurance Commission (workers compensation) 304-414-0539
5. If a Timber Operation, provide the current Certified Logger Certification number associated with operation.
6. In-state company AND you have employees, provide a copy of Certificate of Insurance or Certificate of Liability from Workers Compensation Insurance Company or Agent licensed in WV.
7. Out-of-state company AND you have permanent nonresident employees temporarily working in WV more than 30 nonconsecutive days within a 365-day period OR employees who live in WV, provide a copy of Certificate of Insurance or Certificate of Liability from Workers Compensation Insurance Company or Agent licensed in WV.

## NOTICE

1. If you do not provide all requested application information and/or supporting documentation, your application may be delayed and/or denied.
2. Please allow **TWO WEEKS** for processing.

When you provide a personal or business check as payment, you authorize 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. When the WVSTO uses information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment. You will not receive your check back from your financial institution. For inquiries, please call the WVSTO at 1-866-243-9010.

### Privacy Notice:

The West Virginia Division of Forestry (WVDFOF) 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 any questions about our use of personal information, please contact us at 304-558-2788.



# RENEWAL TIMBERING LICENSE APPLICATION

West Virginia Division of Forestry  
(Certification valid for 2 years starting July 1)

WVD OF USE

FEIN \_\_\_\_\_  
START \_\_\_\_\_  
WVD OF USE  
v26.04

Timbering License #: \_\_\_\_\_

Company Name \_\_\_\_\_ 8-digit WV Business Reg. Acct # \_\_\_\_\_

Contact Person \* \_\_\_\_\_ Last 4 digits of SSN \*\* XXX-XX-

\*Must be the owner, principal officeholder or other individual who has authority to operate under this license AND must sign this form.  
\*\*Failure to provide a SSN will result in your application being returned as incomplete. W. Va. Code §19-1B-4.5, and/or 6.

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been licensed in any other name? If yes: \_\_\_\_\_

Company Name \_\_\_\_\_ Year \_\_\_\_\_

Owner(s), partners and/or officers of said company: provide all information below.  
Timber buyers and/or log buyers: provide names and contact numbers only.

RELATION TYPE TO COMPANY:	
(O) Owner	(PO) Partner/Officer
(TB) Timber Buyer	(LB) Log Buyer

RELATION	NAME	ADDRESS	SSN #	CONTACT #
			xxx-xx-	
			xxx-xx-	
			xxx-xx-	

MORE SPACE  
ON 2<sup>ND</sup> PAGE

MARK TYPE(S) OF DESIRED OPERATION:

\_\_\_\_\_ Timbering Operation

\_\_\_\_\_ Timber Buying

\_\_\_\_\_ Log Buying\*  
\*Fill out Page 2

Current Certified Logger number associated with operation \_\_\_\_\_

Do you have employees? Yes \_\_\_ No \_\_\_

Workers Comp Policy # \_\_\_\_\_


AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WVD OF USE ONLY		
CK No.	CK Date	Amount

Enclose a check or money order for \$150 made payable to "WVD OF". Mail payment & application to:

West Virginia Division of Forestry  
Logging Program  
7 Players Club Drive  
Charleston, WV 25311



Owner(s), partners and/or officers of said company: provide all information below.  
 Timber buyers and/or log buyers: provide names and contact numbers only.

RELATION TYPE TO COMPANY:	
(O) Owner	(PO) Partner/Officer
(TB) Timber Buyer	(LB) Log Buyer

RELATION	NAME	ADDRESS	SSN #	CONTACT #
			XXX-XX-	
			XXX-XX-	
			XXX-XX-	
			XXX-XX-	
			XXX-XX-	

**LOG YARD LOCATIONS (IF APPLICABLE)**

If you have a physical log yard where logs are purchased, please list the physical address OR the Lat/Long coordinates.

1. Physical Address or Lat/Long	City	State	Zip
2. Physical Address or Lat/Long	City	State	Zip
3. Physical Address or Lat/Long	City	State	Zip
4. Physical Address or Lat/Long	City	State	Zip
5. Physical Address or Lat/Long	City	State	Zip