

September 21, 2018

Notice to All Purchasers of State Timber Permits

Annual Timber Sales Purchaser Registration – **Deadline November 15, 2018**

The Minnesota DNR – Division of Forestry is conducting an annual registration for all purchasers of State timber sales. An annual registration process helps to ensure our records are kept current, and that state timber sales are conducted properly as provided in *Minnesota Statutes*, sections 90.101, 90.121, 90.191, 16D, and 270A.04. Your registration also enables the DNR to better differentiate between accounts with similar names.

Purchasers can register only once as either an **Individual** or **Business**, but not both. To register as an Individual, you must provide a driver's license or State ID number. For data privacy reasons, social security numbers can NOT be accepted. Businesses must be registered in good standing with the Minnesota Secretary of State, and have a Federal Employee Identification Number (FEIN) or MN State Tax ID number.

Businesses are required to provide their Minnesota Secretary of State (MN SOS) Business **File Number**. File Numbers will be used to help verify businesses are currently registered in good standing with the MN Secretary of State, as required per *Minnesota Statutes* section 5.36. File Numbers are provided by the MN SOS, and can be found on their website at: <https://mblsportal.sos.state.mn.us/Business/Search>, or by calling MN SOS, Business Services at (877) 551-6767.

Please complete and return the enclosed registration form. **Failure to return the form by November 15th, 2018 will disqualify you from purchasing additional timber permits, until a completed form is received.**

The registration form may also be downloaded from our Notice to Loggers website at:
www.dnr.state.mn.us/forestry/timbersales/notices.html

You can verify whether or not you or your business has been successfully registered and is qualified to purchase State timber sales at: <http://www.dnr.state.mn.us/forestry/timbersales/calendar.html>
Only those names you provide with bid authority will be allowed to bid at State Timber auctions under the registered purchaser's name.

If you or your company will also **operate harvesting equipment** on DNR timber permits you must fill out the Operator Requirements on the second half of the registration form.

Please complete the enclosed registration form and return it to us in the enclosed self-addressed envelope to:
DNR Forestry - Timber Sales Unit, 500 Lafayette Rd, St. Paul, MN 55155-4044

If you are no longer logging and would like to be removed from our mailing list, please notify this office in writing using the enclosed self-addressed envelope or contact us at 651-259-5268 or 651-259-5901.

If you have any questions, please contact your local DNR Forestry Office.

MN DNR Annual Timber Sales Purchaser Registration

Purchaser registration is established per *Minnesota Statutes, Section 90.145, Subd. 2*. A new registration form is required each year, and must be submitted at least four (4) business days prior to purchasing a State timber sale.

Purchaser Name (Check ONLY ONE box below to register as an <i>Individual</i> OR as a <i>Business</i>)			
Business <input style="width: 40px; height: 30px; margin: 5px 0;" type="checkbox"/> Purchasing under a business name registered with the MN Secretary of State (MN SOS). Must provide a FEIN or MN Tax ID, <i>and</i> a MN Secretary of State Business File Number.	OR	Individual <input style="width: 40px; height: 30px; margin: 5px 0;" type="checkbox"/> Purchasing under your personal name. Must provide a Driver's License or State ID number, <i>and</i> your Date of Birth. You cannot register as an individual if you have a business.	
Business Name: _____ (PRINT business name as registered with MN SOS)		Individual Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last Name, First Name </div> (PRINT name as it appears on Driver's License)	
_____ (Federal Employer ID No. (FEIN) or MN State Tax ID)		_____ (Driver's License or State ID Number)	_____ (State)
_____ (MN Secretary of State Business File Number)		_____ Date of Birth (month, day, year)	
Physical Address (Do not use P.O. Box)			
Street Address:			
City:	State/Province:	Postal Code/Zip:	
Mailing Address (If different from above)			
Street Address:			
City:	State/Province:	Postal Code/Zip:	
Phone Number			
Daytime Phone:	Ext.	<input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home
Other Phone:	Ext.	<input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Home
Fax Number:		Email Address:	

Total Number of Employees: (include both full and part-time; count yourself as one employee)		<i>This number may not be less than the number reported on your rebated application for the MN Dept. of Labor and Industry LogSafe Program.</i>
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Signature Authority		
Include the names and contact information of individuals who have signature authority to sign registration forms, permits to cut, added timber agreements, and extension requests. Note that if the Purchaser is entered as an Individual above, only one Signature Authority is allowed.		
Print Name	Email Address	Phone
		()
		()
		()

Bid Authority		
Include the names and contact information of individuals who have authority to bid at state timber auctions under the Purchaser Name listed above.		
Print Name	Email Address	Phone
		()
		()
		()
		()

! Be sure to sign and date the last page of the registration form!

Requirements to OPERATE on a State Timber Sale Permit
 Complete the below section if you intend to conduct logging operations on a State Timber Sale Permit. **You do NOT need to complete this section if you only wish to purchase State timber, and will be subcontracting out the logging operations. If you subcontract harvesting operations out to another logging company, they must comply with the below requirements.**

As per Minnesota Statute, chapter 90.145, subdivision 1:
 The purchaser or purchaser's agents, employees, subcontractors, and assigns must comply with:
 1. The general safety standards for logging (i.e., LogSafe) under Minnesota Statutes, chapter 182 (OSHA).
 2. The mandatory insurance requirements of Minnesota Statutes, chapter 176 (Worker Compensation Laws).
 3. Prior to harvest operations, the purchaser must certify that their foreperson or other designated employee supervising harvest operations is current in MLEP, FISTA, or a similar continuous logger education program.

Logger Safety (LogSafe): Include the name of the individual or logging company representative that completed Logger Safety Training.

Print Name(s):	Training Provider			Completion Date
	MLEP	FISTA	Other (Provider Name)	
				/ /
				/ /
				/ /
				/ /

Qualified Site Supervisors
 Include the names and training completion dates of individuals (business owner / crew member) who are on-site regularly and have responsibility for ensuring compliance with the general safety standards for logging; as well as any specified site-level forest management guidelines, biomass harvest guidelines, and invasive species guidelines.

Site Supervisors	Current Member? (x)		MN Site-Level Forest Management Guidelines			
			Completion Date	Training Provider		
MLEP	FISTA	MLEP		FISTA	Other (Provider Name)	
Print Name(s):						
			/ /			
			/ /			
			/ /			
			/ /			

Logger Education Training

Third-party certification requires that operators must have 12 hours of continuing education credit within a two-year period. Membership in either MLEP or FISTA covers this education requirement. **If you checked the membership box above you may ignore this section.**

If **you** or **your Company** are **not** current members of MLEP or FISTA, provide your logger education courses over the last **two years**:

Course Title	Attendee Name:	Hours	Completion Date	Training Provider
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Workers' compensation insurance policy information	OR	Reason for EXEMPTION from workers' compensation insurance (Check one box)
_____		<input type="checkbox"/> I have no employees (See MN Statue 176.001, Subd. 9 for the definition of an employee)
(Insurance company name - NOT insurance agent)		<input type="checkbox"/> I have employees, but they are NOT covered by the workers' compensation law. (See MN Statute 176.041 for a list of excluded employees.)
Coverage Effective Date:		Explain why your employees are NOT covered:
Policy Expiration Date:		_____
Policy Number:		

The above information will be verified, and any false information provided could result in a \$2,000 penalty from the MN Dept. of Labor and Industry. If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact the MN Dept. of Labor and Industry at 651.284.5032

Signature	<i>By signing below I certify that all information provided on this form is accurate and complete, and that I will immediately notify the DNR Timber Sales Unit of any changes to the information provided here</i>	

Print Name		Date
Signature		Mail completed forms to: MN DNR – Division of Forestry 500 Lafayette Rd, St Paul, MN 55155-4044

If you need more space to submit more names for the above sections (signature, bid authority, etc.), please include on a separate sheet.