

MN DNR Annual Timber Sales Purchaser Registration Form

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.

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| Purchaser Name (Check ONLY ONE box below to register as an Individual OR as a Business) | | |
| <p>Business</p> <p>Purchasing under a business name registered with the MN Secretary of State (MN SOS). Must provide a FEIN or MN Tax ID, and a MN Secretary of State Business File Number.</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px 0;"></div> | OR | <p>Individual</p> <p>Purchasing under your personal name. Must provide a Driver's License or State ID number, and your Date of Birth. You cannot register as an individual if you have a business.</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 10px 0;"></div> |
| <p>Business Name: _____ (PRINT business name as registered with MN SOS)</p> | | <p>Individual Name: _____ Last Name, First Name (PRINT name as it appears on Driver's License)</p> |
| <p>_____</p> <p>(Federal Employer ID No. (FEIN) or MN State Tax ID)</p> | | <p>_____</p> <p>(Driver's License or State ID Number) (State)</p> |
| <p>_____</p> <p>(MN Secretary of State Business File Number)</p> | | <p>_____</p> <p>(Date of Birth (Month / Day / Year))</p> |
| Physical Address (Do not use P.O. Box) | | |
| <p>Street Address: _____</p> <p>City: _____ State / Province: _____ Postal Code / ZIP: _____</p> | | |
| Mailing Address (If different than above) | | |
| <p>Street Address: _____</p> <p>City: _____ State / Province: _____ Postal Code / ZIP: _____</p> | | |
| Phone Numbers & Email Address | | |
| <p>Work Phone: _____ Cell Phone: _____ Home Phone: _____</p> <p>FAX Number: _____ Email Address: _____</p> | | |
| <p>Total Number of Employees:</p> <p>(Include both full-time and part-time employees. Count yourself as one employee.)</p> | | <p>This number may not be less than the number reported on your rebated application for the MN Department of Labor and Industry LogSafe Program.</p> |

| 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 Names(s) | Email Address | Phone |
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| 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 Names(s) | Email Address | Phone |
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Be sure to sign and date the last page of the registration form!

| Requirements to OPERATE on a State Timber Sale Permit |
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| Complete the section below 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 you 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 <u>or</u> purchaser's agents, employees, subcontractors, and assigns must comply with: |
| <ol style="list-style-type: none"> 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 names of the individual or logging company representatives that completed Logger Safety Training. | | | | |
| Print Name(s) | Training Provider | | | Completion Date |
| | MLEP | FISTA | Other (Provider Name) | |
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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? | | MN Site-Level Forest Management Guidelines | | | |
|------------------|-----------------|-------|--|-------|-----------------------|-----------------|
| | MLEP | FISTA | Training Provider | | | Completion Date |
| Print Name(s) | MLEP | FISTA | MLEP | FISTA | Other (Provider Name) | |
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| Workers' Compensation Insurance Policy Information | Reason for EXEMPTION from workers' compensation insurance (check one box) |
|---|--|
| <p>_____</p> <p>Insurance company name (NOT the insurance agent)</p> <p>Coverage Effective Date: _____</p> <p>Policy Expiration Date: _____</p> <p>Policy Number: _____</p> | OR |
| | <p><input type="checkbox"/> I have no employees (see MN Statute 176.001, Subd. 9 for the definition of an employee).</p> <hr/> <p><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).</p> <p>Explain why your employees are NOT covered:</p> <p>_____</p> |
| <p>The above information will be verified, and any false information provided could result in a \$2,000 penalty from the MN Department of Labor and Industry. If you have any questions regarding the need to obtain workers' compensation coverage, including exemptions, contact the MN Department of Labor and Industry at (651) 284-5032.</p> | |

| Signature | 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. |
|---|---|
| <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p> | <p>_____</p> <p>Date</p> <p>Mail completed forms to: MN DNR - Division of Forestry 500 Lafayette Rd, St. Paul, MN 55155-4044</p> |

If you need more space to submit more names in the above sections (Signature Authority, Bid Authority, etc.), please include on a separate sheet.