

# BUSH FIRE HAZARD REDUCTION CERTIFICATE APPLICATION FORM

1 Applicant	
<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr
<b>First name</b>	
<b>Last name</b>	
<b>Address</b>	
<b>Telephone (home)</b>	
<b>Telephone (work)</b>	
<b>Mobile</b>	
<b>Email</b>	
2 Location of Bush Fire Hazard Reduction Works (map attached if required, see guidelines)	
AMG Coordinates/address/location/lot number	
3 What existing assets will this proposed activity be protecting?	
<input type="checkbox"/> A house <input type="checkbox"/> Other buildings (eg. machinery and hay sheds ) ..... <input type="checkbox"/> Crops, pasture or fence <input type="checkbox"/> Other (specify).....	
4 How far will the proposed activity extend from this asset?	
..... (metres)	
5 Method of reducing fuel	
<input type="checkbox"/> Burning of ..... hectares <input type="checkbox"/> Mowing / slashing / trittering of width.....metres by (length) .....metres <input type="checkbox"/> Ploughing or grading of (width).....metres by (length) .....metres <input type="checkbox"/> Clearing by hand <input type="checkbox"/> Tree removal <input type="checkbox"/> Other (specify).....	
6 If the work involves mechanical clearing around an asset what is the slope of the hazard?	
<input type="checkbox"/> Upslope <input type="checkbox"/> Level <input type="checkbox"/> Downslope	
7 When do you propose to do the work?	
<input type="checkbox"/> Starting .....Day .....Month .....Year <input type="checkbox"/> Finishing .....Day .....Month .....Year	
8 How was the area last treated for Hazard Reduction?	
<input type="checkbox"/> Hazard reduction burn <input type="checkbox"/> Mowing/slashing <input type="checkbox"/> Ploughing <input type="checkbox"/> Grading <input type="checkbox"/> Wildfire <input type="checkbox"/> Unknown <input type="checkbox"/> Not treated	
9 If burning is proposed how long is it since the areas was last treated?	
(circle nearest year)    1    2    3    4    5    6    7    8    9    10    15    20+	



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<b>10 What is the vegetation type?</b>	
<input type="checkbox"/> Forest	<input type="checkbox"/> Shrubs
<input type="checkbox"/> Grass	<input type="checkbox"/> Not Native
<input type="checkbox"/> or what is the vegetation formation (if known)?	
<b>11 Has a consent or approval for removal of vegetation on this land been refused within the last three years?</b>	
<input type="checkbox"/> Yes (provide details)	
<input type="checkbox"/> No	
<b>12 Provide details of any known threatened species, population or ecological community</b>	
<b>13 Provide details of any known aboriginal relic or place</b>	
<b>14 Do you have a conservation agreement listed below?</b>	
<input type="checkbox"/> any conservation agreement entered into under Division 7 of Part 4 of the National Parks and Wildlife Act 1974;	
<input type="checkbox"/> any property agreement entered into under Part 5 of the Native Vegetation Conservation Act 1997;	
<input type="checkbox"/> any Trust Agreement entered into under Part 3 of the Nature Conservation Trust Act 2001; or	
<input type="checkbox"/> any property management plan approved by the Director-General of National Parks and Wildlife under section 91 of the Threatened Species Conservation Act 1995.	
<b>If any of the above are ticked, please provide details on separate form.</b>	
<b>15 Does the proposed bush fire hazard reduction work require work on a neighbouring land?</b>	
<input type="checkbox"/> Yes (Provide an attached written authority from each owner or manager authorising the work on their land)	
<input type="checkbox"/> No	
<b>16 Authorisation</b>	
As the owner/occupier of this land I consent to the above proposed bush fire hazard reduction works and attest that the information on this form is correct to the best of my knowledge.	
Signed _____	Date    /    /
<b>OFFICE USE ONLY</b>	
Time for determination (to be filled out on submitting the application)	
I agree that this application will be assessed in    7 / 14 / 21 / 28 days (circle agreed time)	
Signed _____	Date    /    /
Date received    /    /	Received by: _____
NPWS aboriginal assessment	
Date referred    /    /	Date returned:    /    /
Date finalised and data forwarded to Rural Fire Service    /    /	

# NSW RURAL FIRE SERVICE

*...for our community*

