

BUSH FIRE HAZARD REDUCTION CERTIFICATE APPLICATION FORM

1 Applicant	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr
First name	
Last name	
Address	
Telephone (home)	
Telephone (work)	
Mobile	
Email	
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"/> StartingDayMonthYear <input type="checkbox"/> FinishingDayMonthYear	
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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10 What is the vegetation type?	
<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)?	
11 Has a consent or approval for removal of vegetation on this land been refused within the last three years?	
<input type="checkbox"/> Yes (provide details)	
<input type="checkbox"/> No	
12 Provide details of any known threatened species, population or ecological community	
13 Provide details of any known aboriginal relic or place	
14 Do you have a conservation agreement listed below?	
<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.	
If any of the above are ticked, please provide details on separate form.	
15 Does the proposed bush fire hazard reduction work require work on a neighbouring land?	
<input type="checkbox"/> Yes (Provide an attached written authority from each owner or manager authorising the work on their land)	
<input type="checkbox"/> No	
16 Authorisation	
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 / /
OFFICE USE ONLY	
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

