

**STATE of ALASKA
DEPARTMENT of NATURAL RESOURCES
DIVISION of FORESTRY**

RENEWAL of FOREST PRACTICES NOTIFICATION

(DOF Office Use)

<p>_____</p> <p>Operation Number</p>
<p>_____</p> <p>Operation Name</p>

Renewal of a previous Notification is hereby provided to the Commissioner

ORIGINAL NOTIFICATION DATE	CONTINUING OPERATION DATE		UNIT ID	ACREAGE		ROAD ID	MILEAGE	
	START	END		ORIGINAL	REMAINING		ORIGINAL	REMAINING

I certify that this renewal does not include changes to the initial Notification information and that this information is accurate and a true indication of intent.

Signature of Operator or Authorized Representative

Date

(Office Use Only)

DATE RECEIVED	TIME		REGION / AREA	RECEIVED BY: NAME: _____
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