



# CFWC

Center for Forest & Wood Certification

## Annual Reporting Form

(CFWC-FM-06)

Please ensure contact information is correct, answer all questions as best as possible, and sign and date.

### GROUP MEMBER'S CONTACT INFORMATION (Please note any changes)

Name			
Address:			
Telephone No:		Cell No:	
E-mail:		Fax No.	
Cooperating Forester Name			

1. An Activity Inspection Form (CFWC-FM-10) should have been received for operations completed during the year **and is/are attached** (if none are attached it indicates no activity).

2. Fill in the following to complete this year's monitoring.

3. **Activities:** Were there any significant activities other than those reported on an Activity Inspection Form attached that were completed during the year? **YES NO**

**IF YES** then list them AND complete and attach CFWC-FM-10: \_\_\_\_\_

4. **Plan Changes:** Were any changes made in the management plan during the year? **YES NO**  
**If yes please email updated plan.**

5. **Monitoring:** Were any issues discovered that are expected to cause management problems in the future. Check any of the below that may need addressing in the future.  storm damage

insect and disease damage       trespass       new invasive species colonization  
 degradation of a special site       neighbor or stakeholder       other

If any were checked further monitoring, decision making and/or activity will be required.

6. Please sign below and enclose this completed form as well as a check/money order in the amount of \$\_\_\_\_\_ made out to Center for Forest and Wood Certification for annual fees due January 31 for this year to:

**Center for Forest and Wood Certification**  
**Forest Management Section**  
**213 T. P. Cooper Bldg**  
**Lexington, KY 40546-0073**

<b>Group Member's Signature:</b>	
<b>Date:</b>	
Center Admin. Signature:	
Date:	