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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 1 – Notice of Violation | | | | |  | SECTION 2 – Issued To (Operator) | | | | | | |
| You are hereby charged with a violation of Code of Virginia §10.1-1181.2(H) – Failure to notify the State Forester of a Commercial Timber Harvesting Operation. You are being assessed a civil penalty payable to the State Forester within 30 days of the issue date of this notice. If you want to challenge this violation, you may request an Informal Conference to present your case. | | | | |  |  | |  | |  | | |
|  | Operator Name | |  | | NAID Number | | |
|  |  | | | | | | |
|  | Operator Address | | | | | | |
|  |  | | VA | | | |  |
|  | City | | State | | | | Zip |
|  | | |  |  |  |  | | | | | | |
| Issue Date of Notice | | |  | Date Due |  | Phone | | | | | | |
|  | | |  | $ |  |  | | | | | | |
| No. Prior Violations for Previous 24 Months | | |  | Civil Penalty Assessed |  | Operator Signature | | | | | | |
|  | | | | | | | | | | | | |
| SECTION 3 – Harvest Inspection Information | | | | | | | | | | | | |
| A Virginia Department of Forestry Inspector has inspected a commercial timber harvest: | | | | |  | If you have any questions regarding this notice or if you want to request an Informal Conference to challenge this charge, please contact the VDOF Regional Office at: | | | | | | |
|  |
|  | | |  |  |  |
| Inspector Name (Print) | | |  | Badge Number |  |
|  | | |  | AM/PM |  | VDOF Regional Office Phone Number | | | | | | |
| Date of Inspection | | |  | Time of Inspection |  |  | | | | | | |
|  | | | | |  |  | | |  | |  | |
| Location Description of Timber Harvest | | | | |  | Inspector Signature | | |  | | Date | |
|  |  |  | | |  |  | | | | | | |
| County of Timber Harvest |  | Estimated Harvest Start Date | | |  | Harvest Number (VDOF Use Only) | | | | | | |
|  | | | | | | | | | | | | |
| **Mail penalty payment (payable to “State Forester”) to: Virginia Department of Forestry, 900 Natural Resources Drive, Suite 800, Charlottesville, VA 22903** | | | | | | | | | | | | |
| White - Area Office | | | **\*\* Include a copy of this form with your payment \*\*** | | | | Yellow - Operator | | | | | |