



AGENT'S REGISTRATION

State Form 50312 (R / 7-15)
Department of Natural Resources / Division of Forestry

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

Agent's Full Name *(Include Middle Initial)*

Street City State ZIP

County of Official Residence Social Security Number *

Date of Birth *(month, day, year)* E-mail Address

Telephone Number Additional Telephone Number *(Optional)*

The undersigned licensee understands that he or she or (if a company, trust, corporation, etc.) it is fully responsible for all of the actions of the above name agents as such actions pertain to the buying of timber, negotiating bids, writing contracts, signing contracts, or any other acts which are covered by Indiana Code 25- 36.5-1-1 et seq.

Licensee or Officer of Company, Corporation or Trust Being Licensed *(Signature)*

Licensee or Officer of Company, Corporation or Trust Being Licensed *(Print Name)*

Date *(month, day, year)*

Title

The undersigned licensee understands that he or she comply with all provisions of Indiana Code 25-36.5-1-1 et seq., and has knowledge of such state law, and by his or her signature does agree to comply.

State of _____

Agent's Signature

County of _____

Date *(month, day, year)*

Being duly sworn upon this oath, deposes and says that he is the person who signed the above application and says that all statements in the above application are true, and said statements are made for the purpose of obtaining a Timber Buyers Agent's Card in the State of Indiana.

Notary Public *(Signature)*

Notary Public *(Printed Name)*

Subscribed and sworn to before me, a Notary Public, in and said County and State this _____ day of _____, _____.

My Commission Expires *(month, day, year)*: _____