

APPLICATION FOR BOND APPROVAL

IOWA DEPARTMENT OF NATURAL RESOURCES
ATTN: ARON FLICKINGER
6200 PARK AVE STE 200
DES MOINES IA 50321

	Renewal		Date:		
(I) (We) doing busine	ess as:				
	(Name of person, partnership, or corporation to be bonded)				
With principal office	located at:				
		(Street)			
(County)		(City)	(State)	(Zip)	
	(Email Address)		(Telephone Number))	
If application is by a managing officers fo	•	ners, or if application is by co	rporation, list principal o	fficer and	
NAME		ADDRESS			
NAME		ADDRESS			
INAIVIE					
NAME					
NAME If the corporation is		ADDRESS			
NAME If the corporation is NAME	owned or controlled l	ADDRESS	ddress:		
NAME If the corporation is NAME If the bond will cove	owned or controlled l	ADDRESS by another, give name and act act and act and act act act act and act act act and act act act act	ddress:		
NAME If the corporation is NAME If the bond will cove NAME	owned or controlled l	ADDRESS by another, give name and accompany, list here: ADDRESS ADDRESS	ddress:		

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D.	give the total dollars paid in lowa to timber growers (stumpage, logs, pulpwood, piling, veneer, etc.) during the preceding year, plus the total amount due or delinquent and unpaid to timber growers at the end of the preceding year, plus the market value of the growers' share of timber harvested on shares during the previous year. Iowa law requires this information to be accurate, otherwise you can be charged with a serious misdemeanor.					
	\$	*New buyers should estir	mate total dollar value to be paid for timbe	er during the next 12 months.		
	If reporting time per	iod is different than a ca	lendar year please define (example: 1	2/1/18-11/30/19)		
	to					
E.	CHECK ONE BELOW:					
	(I) (We) am/are submitting a surety bond or certificate of deposit with this application in the required amount.					
			eposit is on file with your office in the	•		
		ubmitting a "rider" to m o meet the required am	ny bond or an additional certificate of one ount for the new year.	deposit to increase the		
F.	• • • •		Ilfully made in completing this form co tment of Natural Resources rules and a			
			Signature of Applicant, Partner, or Company Official			
			Title	Date		
You	a DNR BOND APPROV r surety bond or collat iness.		ived and is adequate to cover the above	e-stated dollar amount of		
			Iowa DNR Signature			
			Title	Date		
Ont	ional Information:					
•		ain species, please list th	em and we will include that with your i	information on our website:		
Pro	curement Radius:		_			
Are	you interested in bein	g contacted about urban	logs? Yes No			
	Submit this applic	ation to <u>Aron.Flickinger(</u>	<u>මdnr.iowa.gov</u> or to the address at the	top of the application.		

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