

Application for Registration as a Forestry Agent by a Registered Forester/Forest Company

Panel A - Forester Details To be completed by the Registered Forester (Employee). All fields are mandatory. Please use Block Capitals.				
Personal Details Personal Public Services Number (PPS No):				
Title:	_ First Name:	Surname:		
Date of Birth:		-		
Home Addres	ss:			
Individual's e	-mail Address:ill be issued to this email address)			
Tel No: Mobile No:				
Please tick if you wish to receive SMS messages				
Company details Name of company:				
Company Address:				
Forestry Recipient No.: FR				
I wish to apply to the Department of Agriculture, Food and the Marine to be registered as a Forestry Agent to be registered for access to the Department's Single Sign-On system to be granted the authority to submit Forestry application forms online on behalf of my clients.				
Applicant's Declaration				
I hereby apply to be registered with the Department of Agriculture, Food and the Marine as specified above. I acknowledge that the data to which I will have access is confidential and is covered by the Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (GDPR). I understand that this information is made available to me for the purposes of submitting Forestry application forms online on behalf of my clients. I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties. I confirm that I will keep my log-on details confidential and will not disclose them to a third party. I confirm that the information on this form is correct to the best of my knowledge and that it refers to me.				
Signed:		_ Date:		

Forest Company Registration Form

Agency Details: Please complete Panel B *or* C below and sign the declaration at Panel D. This page is to be completed by the Company Manager.

Panel B. Please complete if the Agency is all	ready registered with the Departm	ent. Please use Block Capitals.		
If your Agency has already been regis your Agriculture Agency Number. Ple		the Department will have issued you with dyour Company Name.		
Agency Number:				
Company Name:				
Panel C. Please complete if the Agency is no	ot registered with the Department.	Please use Block Capitals.		
Is the Agency a Company or Individual/Sole Trader* (Circle as applicable)				
Complete these fields for a Company	(Complete these fields for Individual/Sole Trader		
VAT Number:		PPS Number:		
CRO Number:		First Name:		
Company Name:		Surname:		
Trading Name:	[Date of Birth:		
Contact Name for the Company:				
Please complete the remaining fields below in either situation				
Address:				
Telephone No:				
Please tick if you wish to receive SMS messages				
Email Address:		_ Fax No:		
Panel D. Declaration. You must comp	lete this panel.			
I confirm that the information above is correct to the best of my knowledge and that the person named overleaf is employed by this agency.				
Signed:	Date:	Company Stamp or Seal		
Position held in Company:				

If you have any queries in relation to the form, please contact this unit at Lo call Number 0761 064 415
Return form to: Forestry Division, Department of Agriculture, Food and The Marine, Johnstown Castle Estate, Wexford, Y35 PN52
FSReg1 v July 2018

The General Data Protection Regulation (GDPR) came into force across the European Union on 25th May, 2018. It affects the way in which businesses and organisations, such as Forestry Division and the Forestry Inspectorate of the Department of Agriculture, Food and the Marine, process personal data for all EU citizens. GDPR gives people greater control over how their data are collected and processed. Personal data are any information that can identify an individual, such as name, address, land parcel information, etc. For more information on GDPR and how it affects you, please see a detailed information note on the Department's website at www.agriculture.gov.ie, under Forestry; Grants and Premium Schemes 2015 - 2018.

https://www.agriculture.gov.ie/forestservice/grantsandpremiumschemes2015-2018/