**UNITED STATES DEPARTMENT OF THE INTERIOR**

**Bureau of Indian Affairs**

**ALLOTMENT OWNER FORESTRY AND FIRE MANAGEMENT ACTIVITIES CONSENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | (Reservation) |  | (State) |

I, the undersigned consent to the implementation of the project described below/attached on the following described lands:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Description)

the same being the allotment of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allotment No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Original Owner Name)

I consent to:

1. Forestry and fire management activities necessary to improve the condition of the forest resource, including but not limited to tree planting, tree thinning, site preparation, prescribed fire, hazardous fuels reduction, burned area rehabilitation, surveys, and road work;
2. Acts necessary and requisite to the consummation of such projects with the same validity as if I were personally present;
3. Any contractor holding any contract hereunder and in conformity here with, reasonable right-of-way over the above-described lands, provided I shall receive reasonable compensation for any damage done or incurred through such right-of-way. The Secretary or their representative shall determine reasonable damages;
4. Any proceeds arising from such forestry projects will to be disposed of in accordance with the regulations of the Department of the Interior.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Place |   | , |   | , | Date |   | , |  |  |
|  | (City) |  | (State) |  |  |  |  |  |  |
| Witnesses (2): |  |  |  |  | Allottee: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |
| (Signature) |  |  | (Name) |  |
|   |  |  |  |  |
| (Address) |  |  | (Owner IIM Number) |  |
|   |  |  |  |  |
| (Signature) |  |  | (Interest in decimal form) |  |
|   |  |  |  |  |  |  |  |
|  |  (Address) |  |  |  |  |   |  |
|  |  |  |  |  |  | Allottee Signature |  |

**Instructions for Completion of**
**Allotment Owner Forestry and Fire Management Activities Consent Form**

This form may be used to obtain consent, if it is determined consent is required, for implementation of forest and fire management activities (not involving the sale of timber) on allotted lands. This form can be auto generated and populated from the reports menu of the Trust Asset Accounting Management System (TAAMS) (recommended), or it can be completed manually as per the directions below. One form is completed for each individual owner of an allotment.

1. General Tract Information.

a. Reservation: Enter the Land Area Name from the tract Title Status Report (TSR).

b. State: Enter the name of the State in which the tract is located.

c. Agency: Enter the Bureau of Indian Affairs Agency Office name within which boundaries the tract is located.

d. Legal Description: Enter Public Land Survey Section, Township, Range, Meridian, Aliquot; Metes and Bounds; or other legal description and tract acres.

e. Original Owner Name: Enter the Tract Name from the TSR (The name of the original allotment owner).

f. Allotment Number: Enter the Tract Number from the TSR

2. Owner Information and Signatures

a. Place/City: The owner completing the form enters the name of the city in which the form is signed before two witnesses.

b. Date: The owner completing the form enters the date they sign the form before two witnesses.

c. Owner Name: Enter the owner name from title.

d. Owner IIM Number: Enter the owners Identification Number from the TSR, redact all but the last four digits.

e. Owner Interest in decimal form: Enter the owners aggregate decimal ownership interest from the TSR.

f. The signature line designated for “Allottee Signature” shall be signed by the owner named on the form in the presence of two witnesses.

g. Witnesses. The “Allottee Signature” must be witnessed by two individuals. Witnesses sign on the lines for Witness Signature and provide their address on the line for Witness Address. If a witness signature is illegible, the name of the witness should be typed or printed adjacent to the signature.