**UNITED STATES DEPARTMENT OF THE INTERIOR**

**Bureau of Indian Affairs**

**POWER OF ATTORNEY FOR HARVEST OF FOREST PRODUCTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

*(Reservation)* *(State)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(owner’s name)*

authorize and empower the BIA Approving Officer (Superintendent or Regional Director) of the

*(Agency or Region)*

to enter into an agreement for the sale of forest products from the following - described lands:

*(Legal Description and acres)*

|  |  |  |
| --- | --- | --- |
| the same being the allotment of : | | Allotment Number: |
|  | | |
|  |  |  |
| *(Original Allottee Name)* |  | *(Original allotment number)* |

I authorize the Approving Officer to perform every act necessary to complete the harvest of forest products with the same validity as if I were present. Provided that no such agreement for sale shall be made at stumpage rates less than the appraised values and authorized by the Secretary or their delegated representative.

I also agree to grant any contractor holding any contract hereunder and in conformity herewith, 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 the Secretary’s delegated representative shall determine what shall be considered reasonable damages.

I also authorize such post-harvest forest management activities that are necessary to ensure the stand is re-stocked and treated to prescribed standards. Such activities include, but are not limited to site preparation, tree planting, and hazardous fuels reduction prescribed at this time.

I also agree that the proceeds arising from any sale of the forest products may be distributed in accordance with the regulations of the Department of the Interior.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location: |  |  | | Date: | | |
|  | , |  | |  | | |
| (City) | (State) |  | | (Month/Day/Year) | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
| Allottee: | |  | | Witness 1: | | |
|  | |  | |  | | |
|  | |  | |  | | |
| (Name) | |  | | (Name) | | |
|  | |  | |  | | |
|  | |  | |  | | |
| (Enrolment #) | |  | | (Address) | | |
|  | |  | |  | | |
|  | |  | |  | | |
| (Interest in decimal form) | |  | |  | | |
|  | |  | | (Witness 1 Signature) | | |
|  | |  | | |
|  | | Witness 2: | | |
|  | |  | |  | | |
| (Allottee Signature) | |  | |  | | |
|  |  |  | | (Name) | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  |  | | (Address) | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  |  | |  | | |
|  |  |  | | (Witness 2 Signature) | | |
|  | | |  | |  |  | |

**Power of Attorney for Harvest of Forest Products**

This form is to be used to obtain consent for implementation of forest product sales 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 tract involved in a sale of forest products. For consent by a Tribe for their ownership share on allotments, this form can be used or another form of consent acceptable to the BIA can be utilized such as a Tribal resolution.

1. **General Tract Information.**
   1. Reservation: Enter the Land Area Name from the tract Title Status Report (TSR).
   2. State: Enter the name of the State in which the tract is located.
   3. Agency/Region: Enter the Bureau of Indian Affairs Agency or Regional Office that has jurisdiction of the tract.
   4. Legal Description: Enter Public Land Survey Section, Township, Range, Meridian, Aliquot; Metes and Bounds; or other legal description and tract acres.
   5. Original Allottee Name: Enter the Tract Name from the TSR (The name of the original allotment owner).
   6. Original Allotment Number: Enter the Tract Number from the TSR (Original Tract Number).
2. **Allottee Information and Signatures**
   1. Place: City/State: The allottee completing the form enters the name of the city and state in which the form is signed.
   2. Date: The allottee completing the form enters the date they sign the form before two witnesses.
   3. Allottee Name: Type/Print the owner name from title.
   4. Allottee Enrollment Number: Enter the Allottees Tribal Enrollment Number from the TSR, redact all but the last four digits.
   5. Allottee Interest in decimal form: Enter the Allottees aggregate decimal ownership interest for this tract from the TSR.
   6. The signature line designated for “Allottee Signature” shall be signed by the Allottee named on the form in the presence of two witnesses.
   7. Witnesses. The “Allottee Signature” must be witnessed by two individuals. Witnesses sign on the lines for Witness Signature and provide their name and address on the line for Witness Address.
3. Header/Footer
   1. Include the form number and the form modification date in the Header
   2. Include the original Allottee Name, Allotment Number and current Allottee name in the footer of each page.
   3. Include page numbers in the footer.