# DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

Community Environment and Natural Resources Office (CENRO)  
Argao, Cebu

## LUMBER DEALER’S PERMIT APPLICATION FORM

Instructions: Fill out this form completely and legibly. Submit with required supporting documents.

### A. APPLICANT INFORMATION

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Application:  
 ☐ New Application  
 ☐ Renewal  
 ☐ Amendment

### B. BUSINESS DETAILS

Type of Lumber Dealer:  
 ☐ Retail  
 ☐ Wholesale  
 ☐ Sawmill  
 ☐ Others (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Permit No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Valid Until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### C. SOURCE OF SUPPLY

Source Type:  
 ☐ Private Tree Plantation  
 ☐ Imported Wood  
 ☐ Permit Holder  
 ☐ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supply Source Name/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Number (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Monthly Volume: \_\_\_\_\_\_\_\_\_\_\_ cu.m.

### D. DOCUMENTARY REQUIREMENTS ATTACHED (Check all that apply)

☐ Business Permit  
☐ DTI/SEC Registration  
☐ Location Map of Storage Area  
☐ Pictures of Storage Site  
☐ Supply Contract or MOA  
☐ Mayor’s Permit  
☐ Valid ID  
☐ Barangay Clearance  
☐ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### E. DECLARATION

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that any false information may lead to the denial or revocation of this application.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR DENR USE ONLY

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_