SARAWAK FORESTRY CORPORATION

SECURITY AND ASSET PROTECTION UNIT

APPLICATION FORM
FOR
RENEWAL OF MILL LICENSE

SAPU/SR/1/2004

A. APPLICANT INFORMATION

1 Name of Sawmill: _____

2 License No. _____ Expiry Date _____

3 Registered Address: _____

_____

_____

4 Tel.No. _____ Fax No: _____

E-Mail Address: _____

B. MILL / FACTORY INFORMATION

5 ICC Approval No. _____ Issue: _____

6 STIDC Registration No. _____

7 Type of mill : _____

8 Classification:(Please tick (√) A ☐ B ☐ C ☐

9 Installed capacity : _____ m3

10 Approved product(s) : _____

11 Power source (Please specify) _____

12 Source of raw material _____

(Please use attachment _____

for more information) _____

13 Machinery Listing:

No	Type	Quantity	Diameter	Power
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				

**Please use attachment for more machineries.*

Signature _____ Date _____

Company Stamp _____

D. COLLECTION OF LICENSE

I, hereby acknowledge received the Original Mill License No. _____ date _____

Signature _____ Time: _____ hrs.

E. SYSTEM UPDATING *(for SAPU official use only)*

Application has been updated on _____

and entered into the system. *(Date)*

Name _____ Signature _____

Designation _____ Time: _____ hrs.

FOR OFFICIAL USE ONLY

Please tick (√) where applicable

SFD **(A)**

A. Confirm License is valid Yes ☐ No ☐

Confirmed By

Name _____

Date _____

Time _____ hrs.

STIDC **(B)**

A. Confirm Registration is valid Yes ☐ No ☐

Confirmed By

Name _____

Date _____

Time _____ hrs.

NREB **(C)**

A. Confirm Mill Site Status Yes ☐ No ☐

Confirmed By

Name _____

Date _____

Time _____ hrs.

SF&C **(D)**

A. Confirm timber source Yes ☐ No ☐

Confirmed By

Name _____

Date _____

Time _____ hrs.

SAPU INSPECTION **(E)**

Approved site Yes ☐ No ☐

Machineries laid according tc Yes ☐ No ☐

the approved layout plan

(PHOTO ATTACHED)

Any additional machinery Yes ☐ No ☐

(PHOTO ATTACHED)

I certified the following inspection was carry-out on and recommendation of application for renewal:

Recommended Yes ☐ No ☐

Signature _____

Name _____

Date of Inspection _____

Time _____ hrs.

ENDORSEMENT

Renewed period : From _____

To _____

Endorsed By:

Area Manager _____

Date