

SAMPLE
RESEARCH ON STATE FOREST LANDS
CONDITIONS ACCEPTANCE
FOR SFRA- # # # #

My research project, " **Title** " on the _____ State Forest has been tentatively approved. To finalize this approval, I agree to the following conditions:

1. Prior to commencing any work on the site, I will provide the district forester a minimum five days advance notice, excluding holidays and weekends. At that time, all applicable permits will be in my possession.
2. I understand that the use of rebar or metal fasteners or tags in trees is not permitted for marking sample points. In addition, all marking, tagging and other materials necessary to conduct this study must meet the district forester's approval. The use of roads normally closed to public travel requires the district forester's approval.
3. Upon completion of work at the site, I will clean up marking and other materials used on the site and/or do any repair work to the site required by the district forester within ten days and obtain the district forester's approval of the site condition.
4. I will annually provide the Bureau of Forestry with an update of the previous year's project activities and findings.
5. I will provide the Bureau of Forestry with copies of any published reports, articles, publications and so forth that result from this research. In instances where Bureau of Forestry staff are considered co-investigator(s), appropriate drafts of the publication must be reviewed and agreed upon prior to submission for publication. If the project is abandoned, I will provide the Bureau of Forestry copies of the available information from the project.
6. I will provide the district forester and the Bureau of Forestry, Resource Planning and Information Division, copies of labels from any chemicals used in association with the project
7. If requested, I agree to supply the Bureau of Forestry with copies of data collected at the site including tally sheets and field notes.
8. I understand that the Bureau of Forestry reserves the right to withdraw permission to conduct this research if the Bureau of Forestry determines that the interests of the Commonwealth of Pennsylvania or the Bureau of Forestry are no longer being served.
9. I understand that the Bureau of Forestry or the Commonwealth of Pennsylvania is not relinquishing any rights or interests with this agreement.

(OVER)



Name: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____

Signature: _____ Email: _____

Graduate students or temporary employees also need their advisor or supervisor to co-sign the conditions:

Name: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____

Signature: _____ Title: _____

For Corporate Researchers: The corporate president or vice-president must execute this form, attested by the secretary or treasurer of the corporation, with the corporate seal affixed.

Signed

Attest

Corporation Name

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Contact Person: _____

**Return to: DCNR-Bureau of Forestry
Rachel Carson State Office Building
Resource Planning and Inventory
PO Box 8552
Harrisburg, PA 17105-8552**