Lugar y fecha:\_\_\_\_\_\_\_\_\_\_\_

Ing (a). Nombre:

Coordinador (a) II de Monitoreo Forestal y Obligaciones de Repoblación Forestal

Instituto Nacional de Bosques –INAB-

Lugar

Por este medio le informo de la revisión y monitoreo realizado a expedientes de Licencias de Aprovechamiento Forestal correspondientes a la Dirección Subregional \_\_\_\_\_\_\_\_\_\_\_\_\_ Región \_\_\_\_\_\_\_\_\_ubicada en \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, departamento de\_\_\_\_\_\_\_, del\_\_\_\_\_\_\_\_\_\_al \_\_\_\_\_\_\_\_\_\_\_\_ segùn nombramiento No.\_\_\_\_\_\_ emitido por:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Antecedentes**

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1. **Objetivos**

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1. **Participantes del monitoreo**

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1. **Marco legal**

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1. **Metodología**
	1. **Fase de gabinete**

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* 1. **Fase de Campo**

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1. **Material y equipo**

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1. **Resultados del monitoreo**

Cuadro 1. Licencias de Aprovechamiento Forestal revisados y monitoreados.

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| --- | --- | --- | --- | --- | --- |
| **No.** | **Número Licencia** | **Tipo de Licencia** | **Área (Ha)** | **Fase en que se encuentra** | **Inconsistencias detectadas** |
|  |  |  |  |  |  |
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1. **Conclusiones**

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1. **Recomendaciones**

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|  |  |
| --- | --- |
| **Nombre de responsable de revisión y monitoreo** | **Firma** |
|  |  |

1. **Anexos**