

Firewood Heat-Treatment Certification Application

OFFICE USE ONLY
FILE NO.

1. Certification Requested

Fill out all sections of this form, and submit your completed request to the attention of the Quebec Wood Export Bureau at the email address below. Your request will be responded to in the order it is received, and the certification process will begin within 5 days of receiving this form properly filled out and signed.

The fees associated with this program, including employee time and any other expenses related to this request, will be billed to the applicant at the address indicated in Section 3 of this form. Invoices for all charges during a one-month period will be invoiced on the 10th day of the following month. All invoices are due and payable upon receipt. Finance charges may be added if payment is not received 30 days from the invoice date.

Certification is valid for 12 months after the date of issue.

2. Certification Requested (CHOOSE A CERTIFICATION)

FIREWOOD, HEAT-TREATMENT CERTIFICATION FIREWOOD, KILN/CHAMBER CERTIFICATION

3. Property Contact Information (THIS SECTION WILL BE USED FOR BILLING PURPOSES.)

BUSINESS NAME		
DESIGNATED CONTACT PERSON	TITLE	
ADDRESS		
CITY	Province	Postal Code
PRIMARY PHONE	ALTERNATE PHONE (Mobile)	
EMAIL ADDRESS and WEB SITE		

continued ...

4. Additional Comments

5. Request and Certification

I hereby request the Quebec Wood export Bureau to assist me and the company/organization I represent by certifying my operation to meet the HTFWP certification standards.

I certify that I have read and understand the contents of this form. I am aware of the fees associated with this request and agree to pay all costs billed.

NAME (PRINT)

SIGNATURE

DATE
YYYY-MM-DD

Return completed application to: phyto@quebecwoodexport.com

Quebec Wood Export Bureau
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Québec (Québec)
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