The NELMA

Heat Treatment (HT) and Wood Packaging Materials (WPM) Certification Program Application

Company Name:				
Mailing Address:				
-	Street or P.O. Box	City	State	Zip
Billing Address:				
	Street or P.O. Box	City	State	Zip
Physical Address:				
	Street	City	State	Zip
Business Phone:		Fax:		
Business Hours (Day 8	Time Specific):			
Primary Contact:		Title	:	
		Ema	il:	
Other Key Personnel		Title	:	
,		Ema		
		Title		
		Ema		
Business Website:				
Certification Type Requ		apply to your operation tincrease the inspection		
	acility . This is a facility that le or for their own company			or custom
materials to be used in	ility . This is a facility that he the construction of wood pafinished wood packaging su	ackaging for export, su	ich as lumber, timb	
	Heat Treated Materials turers the material into com	_		
This company is currently cert	<u> </u>		Yes No	
This company is not currently			•	No
Is this company currently certi	itled or has it previously bee	en certified by another	agency? Yes	No
I hereby apply for inspection s shall abide by all terms requir			•	on acceptance, I
Signature:		Date:		



Return to:

Northeastern Lumber Manufacturers Association P.O. Box 87A, Cumberland, ME 04021 scan/email: info@nelma.org Fax: (207) 829-4293