

Request for Wood Packaging Stamping Service

Company Information							
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 of 1.0. Box		City		State	216	
(For Stamping Service)	Street		City		State	Zip	
Business Phone:				Email:			
Primary Contact:				Title:			
	Stamping S	Service R	eques	t Inform	ation		
Heat Treated					ackaging Constr	uction	
Lumber / Timber Sizes		Invoice	Photo	Agency	Mill No. or	Quantity	
(thickness x width x length)		(X)	(X)	Name	Mill Name	Quantity	
	W D			h - Ct	- 41-		
Ŧ	Wood Pad			-	ea:		
Type (Box, Crate, Skid, Pallet, etc.)		Approximate Size (width x height x length)			Quantity		
(30%) Grate) Sina, Fairet, etc.)		(Widen x neight x length)					
Estimated Date of Com	pletion and Ready	for Inspect	tion:				
Stamping Service Requ							
	·	(Print Name)					
(Namo	m) (Date)				1		
(Name	of Person Completing For			ONLLY	(Date	1	
	NEL	MA Offi	ce Use	UNLY			
Service Request Received:		Request for Service Form Sent:					
Completed Service Form Re		Official Approval (Date & Initials):					
Inspector Assigned & Date Notified: Stamping Service #:		Inspection App #:					
· -		порессион App #					

Return Completed Request to NeLMA
Save and Email Form and Photos to (info@nelma.org)