FOREST PRODUCT DESCRIPTION FORM

Company: ________________________________________________________________

Contact Name: ____________________________________________________________

Address: _________________________________________________________________

Telephone: ______________________________ Fax: _______________________________

E-mail: ____________________________ Web Address: _____________________________

Please indicate the type(s) of forest products that your company produces, and check all boxes that apply.

☐ Cabinet/Cabinet Parts
☐ Furniture/Furniture Parts
☐ House logs/Log Cabins
☐ Lumber
☐ Millwork
☐ Railroad Ties
☐ Timbers
☐ Other _______________________

Is (Are) the product(s) rated, graded, tested, or certified by some regulatory agency or certifying body?

☐ YES  ☐ NO

If yes, list grading and by whom: _____________________________________________

_______________________________________________________________________

_______________________________________________________________________

Signature: ______________________________ Date: ______________________________

(Please retain a copy of this description form for your records.)

RETURN TO:
Department of Commerce, Community & Economic Development
Division of Community and Regional Affairs
Attn: Grace Beaujean grace.beaujean@alaska.gov
550 W 7th Ave, STE 1650
Anchorage, AK 99501
Phone: (907) 269-4501 Fax: (907) 269-4563

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