APPLICATION FOR LISTING IN THE LIST OF NOMINATED TIMBER SUPPLIERS AND TREATERS

APPLICATION FOR TIMBER TREATER

1. Name of company:		If the company is registered with MTIB, please state TP No, category and validity date:				
	TP:/	_ ()				
3. Address:	4 Tel. No:					
	Fax No:					
	E-mail:					
5.Mill address:	6. Tel. No:	6. Tel. No:				
	Fax No:					
	E-mail:					
7. Production						
Treatment for :	Own production					
	Commissioned work					
8. If applicant provides treatment services, state name and address of customers:						
Company name and contact person	Company address Tel. number and fax					

9. Type	e of pro	cess/preservative us	ed		Tro	eatment	Schedi	ule
					1	2	3	4
	9.1	Treatment process	(MS 360	D)				
	Kind of Timber : Mixed timber species			ies				
		Refractory t		atad timbar				
	0.0		•	eated timber				
	9.2	Preservative formul Type 1 Type 2		vis 733)				
10.	Numb	er of plants:		unit				
11.	Plant	capacity: i. ii. iii.		m³ m³ m³				
12.	Timbe	er name and sizes tred	ated (fo	or the last three	e months)			
	Timber name		Size (mm)					
13.	Month	nly production:		m³				
14. submit		ant Documents To	Be Su	bmitted (Cer	rtified tru	e copie	es shou	ld be
	() ,							
		Incorporation of C (Company with Priv	-		under the	Compo	inies Ac	† 1965
	14.2	4.2 Licence (to run the mill) issued by the state Forestry Department						
	14.3 Membership of timber association: MWPA							
	14.4	Manual of quality system being implemented (if any)						

Date and company stamp:	Signature of applicant
	Name:
	I.C. No:
	Position/Designation
	Date :