CITY/TOWN/VILLAGE OF:

_____
ADDRESS:

_____

_____

_____

CERTIFICATION OF LUMBER USED FOR LOAD SUPPORTING PURPOSES

Date: _____

I, _____, _____,
(NAME) (TITLE – i.e., OWNER, PRESIDENT)

certify that the quality and safe working stresses of lumber being supplied to:

_____
(CONSUMER/CONTRACT BUILDER)

meets or exceeds No. 2 grade of the species in accordance with the conditions set forth in American Softwood Lumber Standard (PS20-99).

PRODUCING MILL: _____
ADDRESS: _____

_____

PHONE: _____ **FAX:** _____
E-MAIL: _____

PROJECT LOCATION: _____
LUMBER SPECIES: _____
LUMBER DIMENSIONS: _____ X _____ _____ X _____ _____ X _____
QUANTITY SUPPLIED: _____ _____ _____

SIGNATURE: _____

OFFICIAL USE ONLY
DATE REC'D: _____
PERMIT #: _____