

FUTUREWOOD CORP.

Individual Job Site Information

Job Location

Contractor: _____

Section _____ Township _____ Range _____ County _____

Nearest Public Road (name or number) _____ State _____

Land Ownership

Public _____ Private _____

Owner: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Forester or Owner's Representative (if any): _____

Harvest Information

If the harvest is from privately owned land, is it part of a written timber management plan for this woodland? Yes _____ No _____

If Yes, who prepared the plan? (check one): Consulting Forester _____
State or County Forester _____ Industry Forester _____ Owner _____ Other _____

Is the land certified under a recognized certification system? If yes, check the system:

SFI _____ FSC _____ ATF _____ CSA _____ Other (write in) _____

Type and area of harvest: Thinning _____ Ac. Selective harvest _____ Ac.

Clearcut _____ Ac. Timber removal (for land clearing or land use change) _____ Ac.

Estimated Volume (cords) to be delivered to Futurewood from this job:

Excelsior Aspen _____	Rough Aspen _____	Birch: _____
Straight Maple _____	Sap Peeled Aspen _____	Basswood: _____

Sustainable Forestry Initiative (SFI)SM Conformance (For private lands only)

In order to carry out its obligations under the SFI program, Futurewood must assure that each timber harvest is consistent with the SFI Standard and that Best Management Practices (BMP's) are followed. To provide our customers with assurance that this harvest meets the SFI Standard, Futurewood requires that a professional forester inspect the job site and assist the contractor in identifying and correcting problems. Please check one box and sign below.

_____ I will arrange for a qualified resource professional to inspect the job site and help assure that SFI guidelines and BMP's are followed.

_____ I give permission for Futurewood to arrange for a forester to visit the job site during the harvest operation to assure that SFI guidelines and BMP's are followed.

Owner: _____ Date: _____

Job Information (to be filled out by FWD)

Contractor Number _____

Job Type: Fee Lands _____ **Contract** _____

Job Number _____

Year _____ **Quarter** _____

Open Market _____