



Firewood Heat Treatment Certification Application

OFFICE USE ONLY
FILE NO.

1. Instruction and Fees

- ▶ Complete all sections of this form. Submit your completed request to the attention of the Pest Detection and Response Unit at the address above. Your request will be filled in the order it is received and the certification process will begin within 60 days of the PDR Unit receiving this form properly filled out and signed.
- ▶ Minnesota Statutes, Section 18G.10 subdivisions 5(g) and 7(b) requires that the entity requesting assistance from the Commissioner under this subdivision reimburse the Commissioner for the cost of goods and services provided for the direct and primary use of a private individual, business or other entity, in regard to permits and certificates to ensure that Minnesota plant products or commodities meet specified plant health requirements, treatment requirements or pest absence assurances. This certification is designed to show that a treatment requirement can be met by the tested treatment facility.
- ▶ The fees associated with providing this assistance, including employee time and any other expenses related to this request, will be billed to the applicant at the address indicated in Section 3 of this form. Invoices for all charges during a one month period will be invoiced on the 10th day of the following month. All invoices are due and payable upon receipt. Finance charges may be added if payment is not received 30 days from the invoice date. Fees are assessed for certifications when not required by the current State EAB quarantine.
- ▶ Certification is valid for 12 months after the date of issue.

2. Certification Requested (CHOOSE A CERTIFICATION)

FIREWOOD, HEAT TREATMENT CERTIFICATION FIREWOOD, KILN CERTIFICATION OTHER, PLEASE SPECIFY IN SECTION 4

3. Property Contact Information (THIS SECTION WILL BE USED FOR BILLING PURPOSES.)

BUSINESS NAME		
DESIGNATED CONTACT PERSON	TITLE	
ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE	ALTERNATE PHONE	
EMAIL ADDRESS		

continued . . .

4. Additional Comments

(Applicant's interest in property if other than owner; property information if different than address above, etc.)

5. Request and Certification

Pursuant to Minnesota Statutes Section 18G.10, I hereby request the Minnesota Department of Agriculture Commissioner to assist me and the company/organization I represent by certifying my operation meets MDA state certification standards.

I certify that I have read and understand the contents of this form. I am aware of the fees associated with this request and agree to pay all costs billed.

NAME (PRINT)

SIGNATURE

DATE

Return completed application to:

Minnesota Department of Agriculture
Plant Protection
Pest Detection and Response Unit
625 Robert Street North
St. Paul, Minnesota 55155-2538