



**Wisconsin Department of Agriculture, Trade and Consumer Protection**  
 Division of Agricultural Resource Management – Bureau of Plant Industry  
 P.O. Box 8911, Madison WI 53708-8911  
 Phone: (608) 224-4500 Fax: (608) 224-4656

## Wisconsin Certified Firewood Dealer Application

(Sections 93.06 (1p), 93.07 (12), and 94.01, Wis. Stats., Section ATCP 21.20, Wis. Admin. Code)

### SECTION 1 – BUSINESS INFORMATION

Mailing address (if different than business headquarters address):	Legal Business Name:	
	"Doing Business As" Name or Trade name:	
	Business headquarters mailing address:	
	Business headquarters city/ state/ ZIP:	County:
Phone number:	Fax number:	Email address: Contact person:
Business type (check one): <input type="checkbox"/> Individual(s)/Sole Proprietor <input type="checkbox"/> Co-operative <input type="checkbox"/> Corporation    State of Incorporation (if corporation) _____ <input type="checkbox"/> Legal Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (please describe): _____		

### SECTION 2 – WOOD SALES

Please list all locations in Wisconsin where your firewood is sold or distributed, and annual volume of firewood. Use page 2 if needed.

<b>Location 1</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	
<b>Location 2</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

### SECTION 3 – WOOD SOURCES

Please list all sources, if any, from which you obtain wood for eventual sale or distribution. Use page 2 if needed.

<b>Source 1</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
<b>Source 2</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:

### SECTION 3A – WOOD TYPES

Please indicate by percentage the wood types which you sell or distribute.

Hardwoods: _____%	Conifers: _____%
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### SECTION 4 – TREATMENT METHODS

Please check the appropriate box(es):

**I hereby declare that all firewood is treated with at least one of the following methods prior to sale or distribution in Wisconsin:**

- Each piece of firewood is heat treated to a temperature of at least 140° F (60° C) at the center of each piece, and is maintained at that temperature for at least 60 minutes.
- The firewood is stored on the firewood dealer's premises for at least 2 years before sale or distribution.
- The firewood is treated in a manner approved, in writing, by the Wisconsin Department of Agriculture, Trade and Consumer Protection, to kill all pests that may inhabit the firewood.

Please do not send payment with this application. Certification is based on an official inspection of the proposed treatment process. Applicants will be invoiced for the annual fee following inspection.	<b>Mail completed application to:</b>  <b>WDATCP Firewood Program</b> <b>P.O. Box 8911</b> <b>Madison, WI 53708-8911</b>	
<b>By signing below, I certify that all information I have provided is true and accurate, and I agree to notify the Department if my declaration above changes or is no longer accurate.</b>		
Signature of Applicant or Authorized Representative	Title	Date

If at any time, before or after certification, the information provided on this form is no longer accurate, the firewood dealer must notify DATCP. DATCP also retains the right to withdraw certification if the applicant materially misrepresents any information on the application, or fails to honor any of the commitments made on the application. Certification does not warranty, by the Department or the State of Wisconsin, that firewood is free of pests. Application of method(s) of certification remains the responsibility of the firewood dealer.



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**SECTION 2 – WOOD SALES (continued)**

Please list all locations in Wisconsin where your firewood is sold or distributed, and annual volume of firewood.

<b>Location 3</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

<b>Location 4</b> - Location Name	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

<b>Location 5</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

<b>Location 6</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

<b>Location 7</b> - Location Name:	Location Address:	Location City/State/Zip:	County:
Phone:	Contact Person/Title:	Annual Volume of wood (20 cord/2000 bundle total minimum):	

**SECTION 3 – WOOD SOURCES (continued)**

Please list all sources, if any, from which you obtain wood for eventual sale or distribution.

<b>Source 3</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
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<b>Source 4</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
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<b>Source 5</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
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<b>Source 6</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
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<b>Source 7</b> – Person or Business Name:	Address:	City/State/Zip:	County:	Phone:
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**SECTION 5 – PURPOSE OF CERTIFICATION**

Please check all that apply.

<input type="checkbox"/> Movement out of quarantine.	<input type="checkbox"/> Preparation for future quarantine.	<input type="checkbox"/> Distributing firewood to state lands.
<input type="checkbox"/> Advertising benefit.	<input type="checkbox"/> Retail sales - Wood can move anywhere in state.	<input type="checkbox"/> Other: _____

Comments:
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*Personal information you provide may be used for purposes other than that for which it was originally collected (Sec. 15.04 (1)(m), Wis. Stats.)*