



Washington State
 Department of Revenue
 Forest Tax Program
 PO Box 47472
 Olympia WA 98504-7472
 1-800-548-8829

Disposition Certification for Export Restricted Timber

Contracting/Selling Agency:	Sale Name
Agency Contract Number:	DNR Region
County(s):	Forest Practices Application Number:
Assigned Log Brand Description:	Registered Log Brand Number

The purchaser states the following is a true and complete statement of the disposition of the timber harvested under this contract. Making false statements is punishable by a gross misdemeanor per RCW 9A.72.040.

Company Name	Location	Species	Volume (MBF)	Volume (Tons)
TOTALS				

 Company Name

 UBI Number

 Representative's Name

 Representative's Title

 Representative's Signature

 Date

Disposition Certification Instructions

This form is to be completed for each export restricted timber harvesting contract from non-federal public lands within Washington State. Certifications are to be submitted to the Department of Revenue at the address below within **30 days after harvesting activities have been completed** and when volume removal records are available.

Contracting/Selling Agency: Enter the public agency offering the timber sale or public works project up for bid.

Sale Name: Enter sale name assigned by the selling agency.

Agency Contract Number: Enter the contract number assigned by the selling agency.

DNR Region: For the Department of Natural Resources contracts, enter the DNR region name.

Forest Practices Application Number: Enter Department of Natural Resources forest practices application number which corresponds with the sale (if applicable).

Assigned Log Brand Description: Enter the log brand description.

Registered Log Brand Number: Enter the State Log Brand Registry identification number for the assigned log brand.

List: Enter the name and location of where logs were delivered, using species and actual volumes in MBF and/or tons.

Total Volume: Add each volume column and enter total volume.

Company Name: Enter purchaser's name.

Representative's Name: Enter name of representative for the company and their title.

Submit signed and dated certifications to the following address:

Washington State
Department of Revenue
Forest Tax Program
PO Box 47472
Olympia WA 98504-7472

Please note that incomplete forms will not be accepted.

If you need further assistance,
please call 1-800-548-8829.

For tax assistance or to request this document in an alternate format, please call 1-800-548-8829. Teletype (TTY) users may use the Washington Relay Service by calling 711.