



CFWC
Center for Forest & Wood Certification

Annual Reporting Form

(CFWC-FM-06)

GROUP MEMBER'S CONTACT INFORMATION (Please note any changes)

Name			
Address:			
Telephone No:		Cell No:	
E-mail:		Fax No.	

Was there any harvesting that took place on certified land? **YES** **NO**

Are there any changes to your management plan that have not been approved by an assessor?

YES **NO**

Please describe any other management activities (chemical usage, tree planting, etc.) that took place on your woodlands:

Activity	Performed By?

Please enclose this completed form as well as a check/money order in the amount of \$_____ made out to Center for Forest and Wood Certification for annual fees due January 31 for this year to:

Center for Forest and Wood Certification
Forest Management Section
213 T. P. Cooper Bldg
Lexington, KY 40546-0073

Group Member's Signature:	
Date:	
Administrator's Signature:	
Date:	