



**TIMBER
PRODUCTS
SERVICES**

Registered Fumigator Qualification Form

Fumigation Company: _____

Date: _____

Physical Address(es) for Stamp(s) Issue: _____

Location (City, State): _____

Quality Control Rep.: _____

Telephone #: _____ FAX #: _____

Trained QC Representative in Record Keeping and MB Form Completion (Y/N): _____

Fumigation Facility State License for MB Purchasing (State/ ID #): _____
(Expiration Date): _____

| |
|--------------------------------|
| MB Supplier: _____ |
| MB Supplier Telephone #: _____ |

Fumiscope (# in use): _____ Wood Temperature Detection Device (# in use): _____

| MB Applicator Name | State MB Applicator License ID # | State MB Applicator License Expiration | Verified w/ State Issued Picture ID (Y/N) | Introduced to MB Form (Y/N) | Standing w/ MB Supplier |
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Attach copy of State Certification (fumigation company, fumigator) and Insurance Policy