

Application for Japanese Agricultural Standard (JAS) Lumber

| DATE: | | | |
|--|-----------------|--|--|
| COMPANY INFORMATION | | | |
| COMPANY NAME: | | | |
| LEGAL STATUS: LLC ☐ SOLE PROPRIETORSHIP ☐ CORPORATION ☐ PART | NEDGUID 🗆 | | |
| | - | | |
| ADDRESS:PHONE NUMBER: FAX NUMBER: | | | |
| | | | |
| PERSON RESPONSIBLE FOR QUALITY MANAGEMENT SYSTEM | | | |
| NAME: TITLE: | | | |
| ADDRESS: | | | |
| PHONE NUMBER: FAX NUMBER: | | | |
| EMAIL: | | | |
| DEDCOM (IE DIEFERENT) DECRONGIRI E FOR COMMUNICATIONS DEC | CARRIAG IAC | | |
| PERSON (IF DIFFERENT) RESPONSIBLE FOR COMMUNICATIONS REC | ARDING JAS | | |
| LUMBER | | | |
| NAME: TITLE: | | | |
| ADDRESS:PHONE NUMBER: FAX NUMBER: | | | |
| EMAIL: | | | |
| ENTITIE. | | | |
| PRODUCT CATEGORIES FOR WHICH APPLICANT IS SEEKING CERTIFI | CATION | | |
| □ A type Solid Sawn: □ SELECT, □ NO.1, □ NO.2, □ NO.3 | | | |
| □ B type Solid Sawn: □ Construction, □ Standard, □ Utility | | | |
| □ MSR: □ Solid Sawn, □ Finger Jointed | | | |
| □ Finger Jointed - Vertical Use Only | | | |
| □ A type Finger Jointed: □ SELECT, □ NO.1, □ NO.2, □ NO.3 | | | |
| □ B type Finger Jointed: □ Construction, □ Standard, □ Utility | | | |
| ,, , | | | |
| Species: | | | |
| Treating: K1, K2, K3 | 3. □ K4. □ K5 | | |
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EQUIPMENT USED IN THE MANUFACTURE OF JAS LUMBER (check all that apply)

| MANUFACTURING: | |
|--|--|
| □ Workshop | |
| □ Large Bandsaw | |
| □ Small Bandsaw | |
| □ Gang Edger □ Trimmer | |
| □ Planer | |
| □ Grading Machine | |
| □ Dry Kiln | |
| □ FJ Machine | |
| □ Conveyors | |
| □ Storage | |
| QUALITY MANAGEMENT: | |
| General: | |
| □ Slide Caliper | |
| □ Straight Ruler | |
| □ Square | |
| □ Steel Tape | |
| □ Grain Scribe □ Moisture Meter | |
| - Moisture Meter | |
| MSR FRAMEWORK LUMBER: | |
| □ Bend Tester | |
| □ Tension Tester | |
| □ Calibration Instruments (capable of calibrating grading machine) | |
| FJ STRUCTURAL LUMBER AND/OR MSR FJ LUMBER: | |
| □ Boiling Water Tank | |
| □ Thermostatic Dryer | |
| □ Vacuum Pressure Tank | |
| □ Bend Tester □ Proof Loader | |
| □ FIOUI LUAUEI | |



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| HAS THE APPLICANT READ AND UNDERSTOOD THE TP AND APPLICANT ROLES AND RESPONSIBILITIES AS DESCRIBED IN THE TP PRODUCT CERTIFICATION PUBLIC | | | | | |
|--|--|--|--|--|--|
| DOCUMENT AVAILABLE ON www.tpinspection.com? | | | | | |
| YES NO D | | | | | |
| DOES THE APPLICANT CURRENTLY HAVE WRITTEN PROCEDURES OUTLINING THE PRODUCTION PROCESS OF THE PRODUCTS FOR WHICH THEY ARE SEEKING CERTIFICATION? | | | | | |
| YES NO | | | | | |
| IS THE APPLICANT SEEKING CERTIFICATION AT MULTIPLE SITES? | | | | | |
| YES □ NO □ IF SO, WHERE? | | | | | |
| DOES THE APPLICANT HAVE A CURRENT QUALITY SYSTEM IN PLACE? YES NO DOES THE APPLICANT HAVE THE FOLLOWING PROCEDURES IN PLACE AS PART OF THEIR QUALITY SYSTEM? | | | | | |
| PROCEDURES FOR TRACEABILITY? YES □ NO □ | | | | | |
| PROCEDURES FOR MANAGEMENT REVIEW OF THE QUALITY SYSTEM? YES \square NO \square | | | | | |
| PROCEDURES FOR RECEIVING, HANDLING AND DOCUMENTING COMPLAINTS AND RESOLUTIONS? | | | | | |
| YES NO D | | | | | |
| AUTHORIZED APPLICANT SIGNATURE: | | | | | |
| DATE: | | | | | |
| NAME IN PRINT: | | | | | |



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| TP OFFICE USE ONLY! REVIEW of APPLICATION | YES/NO | COMMENT (If no, give reasons) |
|--|--------|-------------------------------|
| Is the information in the application form sufficient for the conduct of the certification process (e.g. filled in completely, signature present and signed by the company requesting services)? | | |
| Are the means available by TP to perform all evaluation activities (e.g. competence and capability to perform the certification activity, product within scope, location, language)? | | |
| Conclusion: Can an offer be made to the Company? | | |
| If one or more answered with NO, offer is not possible. | | |
| Assessed by: | | Date: |