



APPLICATION FOR AUDIT SERVICE

Residential/Commercial Densified Fuel Manufacturer

GENERAL:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____

FAX: _____

WEBSITE: _____

EMAIL: _____

MAILING ADDRESS (if different from above)

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

POINTS OF CONTACT (The primary contact should be the designated quality control representative)

PRIMARY- NAME: _____

PHONE: _____

EMAIL: _____

SECONDARY- NAME: _____

PHONE: _____

EMAIL: _____

ADDITIONAL-

NAME: _____

PHONE: _____

EMAIL: _____

QUESTIONNAIRE:

- Yes No Is the company a current member of the Pellet Fuels Institute?
- Yes No Does the company currently have a quality control program in place?
- Yes No Does the company have in-house lab facilities?
- Yes No Is the company currently quality marking any product?
- Yes No Does the company operate multiple mill locations?

- What grades of fuel does the company intend to produce and quality mark? (Circle all that apply)

PREMIUM STANDARD UTILITY

- What is the average monthly production total of fuel? _____ TONS
- What are the current raw materials being utilized? (If multiple sources, please include the %)

- How is product currently being distributed? (Please circle; if both provide percentages)

BAGGED BULK BOTH (_____ % Bag / _____ % Bulk)

ADDITIONAL INFORMATION:

SUBMITTED BY:

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please return this form to Conway & Robison, LLC when completed-

EMAIL jason@cr-inspect.com

FAX (770)-234-5837

MAIL Conway & Robison, LLC P.O. Box 1508 Sharpsburg, GA 30277

Questions may be directed to Jason Robison at (678) 642-4036.