

**Form 62 0084**

**Washington State  
Department of Revenue  
Forest Tax Program**  
PO Box 47472  
Olympia, WA 98504-7472  
360-534-1324

# Disposition Certificate for Export Restricted Timber

**Distribution:** White - Department of Revenue  
Canary - For your records

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)
<b>TOTALS</b>				

Company name:

UBI number:

Representative's name:

Representative's title :

Representative's signature:

Date :

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## Disposition Certification Instructions

Complete this form for each export restricted timber harvesting contract from non-federal public lands within Washington state. Submit certifications 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 360-534-1324.