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Request for Certificate and Labels

As a Woodwork Institute Licensee, we hereby certify that we are a:

- First Tier Subcontractor (subcontractor direct with GC), or
 Second Tier Subcontractor (subcontractor to a subcontractor with the GC)
 and were awarded the Contract on: _____

For office use only :
WI Project # _____
ADDITIONAL DISCOUNT FOR MEMBER LICENSEES
100% on projects with contract value of less than \$10,000
50% on projects with contract value of over \$10,000 & under \$20,000

And that our contract includes the following types of architectural millwork:

- | | | |
|---|--|---|
| <input type="checkbox"/> Windows and/or Sash | <input type="checkbox"/> Paneling | <input type="checkbox"/> Solid Phenolic Countertops |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Wood Casework | <input type="checkbox"/> Epoxy Resin Countertops |
| <input type="checkbox"/> Window and/or Door Frames | <input type="checkbox"/> LP Casework | <input type="checkbox"/> Natural/Manufactured Stone Countertops |
| <input type="checkbox"/> Standing and Running Exterior Trim | <input type="checkbox"/> LP Countertops (Flat) | <input type="checkbox"/> Finishing |
| <input type="checkbox"/> Standing and Running Interior Trim | <input type="checkbox"/> LP Countertops (Formed) | <input type="checkbox"/> Installation |
| <input type="checkbox"/> Stairs | <input type="checkbox"/> Solid Surface Countertops | |

Project Name: _____
Address: _____
Bid Date: _____ **Est. Completion Date:** _____ **Manual/Amend Dates:** _____
Architect: _____ **Phone:** _____
Address: _____ **Fax:** _____
General Contractor: _____ **Phone:** _____
Address: _____ **Fax:** _____
Int/Ext Woodwork Supplier: _____ **Phone:** _____
Address: _____ **Fax:** _____
Casework Mfg: _____ **Phone:** _____
Address: _____ **Fax:** _____
Door Supplier: _____ **Phone:** _____
Address: _____ **Fax:** _____
Door Mfg: _____ **Phone:** _____
Address: _____ **Fax:** _____
Counter Top Mfg: _____ **Phone:** _____
Address: _____ **Fax:** _____
Finisher: _____ **Phone:** _____
Address: _____ **Fax:** _____
Installer: _____ **Phone:** _____
Address: _____ **Fax:** _____

In accordance with Certification Compliance Program Licensing Agreement (particularly Paragraph 17), between the WOODWORK INSTITUTE and our firm, we hereby request a Certified Compliance Certificate and/or labels for the following fabricated and/or installed items for the above referenced project. We have indicated the projects certification requirements by entering the designated Grade (E - Economy, C - Custom, P - Premium), and label quantity requirement for each applicable category below.

WI Grade	Label Quantity	WI GRADE	
___ Shop Drawing ()		___ Interior Millwork	and/or <input type="checkbox"/> Installation
___ LP Casework ()	and/or <input type="checkbox"/> Installation	___ Exterior Millwork	and/or <input type="checkbox"/> Installation
___ Wood Casework ()	and/or <input type="checkbox"/> Installation	___ Flush Doors*	and/or <input type="checkbox"/> Installation
___ LP Tops, Flat ()	and/or <input type="checkbox"/> Installation	___ Stile & Rail Doors**	and/or <input type="checkbox"/> Installation
___ LP Tops, Formed ()	and/or <input type="checkbox"/> Installation		
___ Solid Surface Tops ()	and/or <input type="checkbox"/> Installation		
___ Solid Phenolic Tops ()	and/or <input type="checkbox"/> Installation	* _____	Quantity of Flush Doors and supplier's P.O. # _____
___ Epoxy Resin Tops ()	and/or <input type="checkbox"/> Installation	** _____	Quantity of S & R Doors and supplier's P.O. # _____
___ Nat/Mfg Stone Tops ()	and/or <input type="checkbox"/> Installation		

NOTICE: CC Labels and Certificates are issued based on your assurance that the drawings and product to which they are to be affixed and are in reference to conform to all requirements of the architectural plans, specifications and *Architectural Woodwork Standards (AWS)*. Any deviations must be properly approved in writing by the architect and a copy of such attached herewith. Failure to conform to these requirements may be cause for SUSPENSION and/or TERMINATION. Your signature below confirms your understanding and agreement.

The certification agreement provides that WOODWORK INSTITUTE may inspect a Licensee's certified work and manufacturing facilities.

Requesting Firm: _____ **Phone:** _____
Address: _____ **Fax:** _____
Authorized Signature: _____ **Title:** _____
Please Print Name: _____ **Date:** _____

FOR A LIST OF OUR DIRECTORS OF ARCHITECTURAL SERVICES, PLEASE VISIT:

WWW.WOODWORKINSTITUTE.COM ,

OR CALL THE WI ADMINISTRATIVE OFFICE, (916) 372-9943