



**WoodLINKS**  
**Wood Products Manufacturing Program**

**NEW SITE REGISTRATION FORM**

**SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PRINCIPAL/ADMINISTRATOR:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**TEACHER E-MAIL:** \_\_\_\_\_

**School Program Delivery Schedule:**

- Linear     Semester 1     Semester 2     Quarter #

**WoodLINKS Certification Fees:**

Certification examinations are provided to the school two weeks prior to the scheduled exam date. Certification fees plus applicable taxes are applied are based on the number of examinations requested, (@ \$50.00 per examination).

I have read and understand the information included in the WoodLINKS USA License Agreement contained in the program handbook. It is my intent to participate in all aspects of the WoodLINKS program to the best of my ability. I understand the commitment that is expected of all partners and request that my school is registered as a WoodLINKS site.

\_\_\_\_\_  
Principal/ Administrator

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

**Please send or fax completed registration form to the attention of Mark Smith**