TIMBER PRODUCTS MANUFACTURERS ASSOCIATION

951 East Third Avenue
Spokane, WA 99202
phone (509) 535-4646
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TPM PRELIMINARY QUOTE CENSUS WORKSHEET

Company Name:	
Phone Number:	Fax Number:

(a)	(b)	(c)	(d)
Employee ID	**Birthdate**	**Zip Code**	**Contract Type**

Instructions

a) Names or social security numbers are not required for a preliminary quote. Any Identifier will suffice.

b) Required Field. "Age" is acceptable.

c) Required Field. Substitute employer's zip if you don't have the employees zip code

d) Employee only (EE), Employee and Spouse (ES), Employee and Child or Children (EC), or Family (EF)

Copy this form if more than one page is required

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