

FTT Latakia Trials Submission 2020

Please fill out one completed form for each batch that you submit.

Your Full Name: _____

Mailing Address: _____

City, State: _____

Postal Code (Zip): _____ Country: _____

Your Name as you wish it to appear on your certificate: _____

Leaf source/variety: _____

Duration of firing: _____ Date firing completed: _____

Heat source (circle): gas wood charcoal other: _____

Material Fired (incl. woods)	Estimated quantity/duration	Notes

Additional Notes (use back if needed):