The information provided in this Application will help SCS to determine eligibility and scope of service.  No charges will be incurred or work conducted until a Work Order is executed.

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| **Section 1: Company/Organization Information** | | | | | |
| **1. COMPANY INFORMATION** | | | | | |
| Company Name (*as it would appear on a contract*)**:** | | | | | |
| Street: | | | | | |
| City: | State/Province: | | | Postal Code: | |
| Country: | | | | | |
| Main Phone: | | | Website: | | |
| Brief Company Description: | | | | | |
| **2. PRIMARY CONTACT PERSON** | | | | | |
| First Name: | | Last Name: | | | Title: |
| Direct Phone: | | Email: | | | |

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| **Section 2: Product Information** | | |
| **PRODUCT 1** | | |
| Product Category:  SPC  WPC | | |
| Product Lines/Brands: | | |
| Are product listed above FloorScore® certified?  Yes  No  If yes, provide FloorScore® certificate number: SCS-FS-\_\_\_\_\_\_\_\_\_\_  **MANUFACTURING SITES** | | |
| Facility Name | Contract Facility? (Yes or No) | Location (City and Country) |
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| **Section 2 Continued: Product Information** | | |
| **PRODUCT 2** | | |
| Product Category:  SPC  WPC | | |
| Product Lines/Brands: | | |
| Are product listed above FloorScore® certified?  Yes  No  If yes, provide FloorScore® certificate number: SCS-FS-\_\_\_\_\_\_\_\_\_\_  **MANUFACTURING SITES** | | |
| Facility Name | Facility Name | Facility Name |
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| **PRODUCT 3** | | |
| Product Category:  SPC  WPC | | |
| Product Lines/Brands: | | |
| Are product listed above FloorScore® certified?  Yes  No  If yes, provide FloorScore® certificate number: SCS-FS-\_\_\_\_\_\_\_\_\_\_  **MANUFACTURING SITES** | | |
| Facility Name | Facility Name | Facility Name |
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| Section 5: Affirmation |
| I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified. |
| **Print Name:** |
| **Title:** |
| **Signature** (*electronic or typed accepted*): |
| **Date:** |

Please press SUBMIT to email this application or save and email to:

[IAQcertified@scsglobalservices.com](mailto:IAQcertified@scscertified.com)

Phone: 510-452-8000 | Fax: 510-452-6883

We will be in touch as soon as possible.