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 (Headquarters)** | | | | | | | | |
| Company Name (*as it would appear on a contract*)**:** | | | | | | | | |
| Street: | | | | | | | | |
| City: | | State/Province: | | | | Postal Code: | | |
| Country: | | | | | | | | |
| Main Phone: | | | | | Website: | | | |
| Brief Company Description: | | | | | | | | |
| Bonsucro Membership Number:  **If you do not have a Bonsucro Membership Number, please contact Bonsucro and establish membership prior to submitting**  **this application.** | | | | | | | | |
| 1. Are you currently certified to Bonsucro?  **Yes  No**   If yes, please provide the name of your current certification body:  If no, have you ever been certified to Bonsucro before?  **Yes  No** | | | | | | | | |
| 1. Is the company certified to any other standards, including EC-recognized standards?  **Yes  No**   If yes, which standards? | | | | | | | | |
| **2. PRIMARY CONTACT PERSON** | | | | | | | | |
| First Name: | | | Last Name: | | | | Title: | |
| Direct Phone: | | | Email: | | | | | |
| **3. Please list subsidiaries, partners, or subcontractros** | | | | | | | | |
| Company Name | Company Address | | | Corporate Relationship (Subsidiary, or Subcontractor) | | | | Has the company worked with SCS previously? |
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| 1. Has the company worked with SCS previously?  **Yes  No** 2. If yes, which service, or services, did you use? | | | | | | | | |
| **4. RISK ASSESSMENT** | | | | | | | | |
| 1. In case of multi-site operations, are all operations under the control of a central management system?   Yes  No, please explain:   1. In case of multi-site operations, are all sites the same type of site (for example all sites are sugar refineries or all sites are ethanol facilities)?   Yes  No, please explain:   1. Approximately, what percentage of activities in scope will be outsourced? | | | | | | | | |

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| Section 2: General Information | | | | | |
| **Please fill in the following information.** | | | | | |
| 1. Annual Production, sales or use of the following: | | | | | |
| Sugar: | metric tons | | | | |
| White refined sugar: | metric tons | | | | |
| Molasses: | metric tons | | | | |
| Ethanol: | million liters | | | | |
| 1. Are there additional facilities/operations that will be included in the scope of the certification? | | | | | |
| * **Yes** – Please fill out the table below   **No** | | | | | |
| * **Facility Name** | | * **Address** | * **City, State/ Province** | * **Contact Person** | * **Operation Type (Refiner, Trader, Warehouse)** |
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| 1. Multi-site certification: (companies with multiple sites may opt to administer BONSUCRO Certification centrally, or have each site administer its own program; please indicate if you have reached a decision)  |  |  |  |  | | --- | --- | --- | --- | |  | Administer centrally |  | Administer individually | |  | Not sure |  | Not applicable (N/A) | | Comments: | | | | | | | | | |

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| Section 3: Subcontractors in Scope |
| 1. Is the Outsourcer/Subcontractor repackaging, relabeling of physically transforming the material?  Yes  No |
| 1. IF YES: Is the Outsourcer/Subcontractor repackaging, relabeling or physically transforming both certified and uncertified material?  Yes  No (i.e. “No” indicates that all invoiced material is Bonsucro certified) |
| 1. Does invoicing take place at the subcontracted location?  Yes  No |
| 1. IF YES: Is invoicing of both certified and uncertified material taking place?  Yes  No (i.e. “No” indicates that all invoiced material is Bonsucro certified) |
| 1. IF YES: Has the Outsourcer/Subcontractor provided evidence in the form of procedures and documentation to demonstrate control of sustainability claims, to ensure Bonsucro claims are not made incorrectly?  Yes  No |

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| Section 4: Certification Services Information | | |
| 1. Level of preparedness for the assessment and any applicable certifications (e.g. ISO 9001, ISO 14001): | | |
| 1. Desired date/time frame for on-site assessment: | | |
| 1. Desired date/time frame for achieving certification: | | |
| 1. Nearest major airport & distance from your project: | Airport: | Distance: |
| 1. Please provide the names and contact information of any other companies in your supply chain that may wish to pursue certification: | | |

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| Section 5: General Information | | | | |
| 1. What factors contributed to your interest in SCS Global Services? | | | | |
| Compliance  Customer Interest  Supplier Programs | | | Strategy  Buyer Requirement  Other | |
| 1. Would you like information on any of our other services? | | | | |
| **Climate**  *Carbon Offset*  *Carbon Footprint* | **Food Safety**  *HAACP*  *BRC*  *SQF*  *Global Gap* | **Environmental Claims**  *USDA Organic*  *Non-GMO* | | **Biofuel Certifications**  *(International Sustainability & Carbon Certification (ISCC)*  *Roundtable on Sustainable Biomaterials (RSB)* |
| 1. How did you learn about SCS Global Services? Who referred you to SCS Global Services? | | | | |

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| Section 6: 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 email this application to:

Matthew Rudolf, Program Manager, Bonsucro

mrudolf@scsglobalservices.com

Phone: +1.919.533.4886 | Fax: +1.510.452.8001

We will be in touch as soon as possible.

**Thank you for choosing SCS.**