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.

Please indicate which programs you are interested in receiving a quote:

GRS (Global Recycling Standard)

RCS (Recycle Content Standard)

CCS (Content Claim Standard)

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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: | | |
| **2. PRIMARY CONTACT PERSON** | | | | | |
| First Name: | | Last Name: | | | Title: |
| Direct Phone: | | Email: | | | |
| **3. ASSESSMENT SCOPE** | | | | | |
| 1. What is the raw material used for product certification? (e.g. Recycled Post Consumer Nylon, Recycled Cotton) 2. Are you sourcing certified Textile Exchange material? 3. Do you use sub-contractors to store or produce product? 4. What type of operations do you perform? (e.g. Production, Trader, Distributor, Warehousing, Dyeing, Cutting, etc.) | | | | | |
| **3. ORGANIZATION INFORMATION** | | | | | |
| 1. Are you currently certified to any Textile Exchange Standards? 2. Were you previously certified to any Textile Exchange Standards? 3. Have you ever had your Scope Certification suspended or otherwise been notified of suspension by your certification body? 4. Do you have any third party certifications for social, environmental, chemical, or other product standards, including but not limited to: WRAP, SA8000; SMETA, FAIR Trade USA/International; ISO 14001, ISO 9001, GOTS, other Textile Exchange Standard, OEKA-TEX STeP, bluesign, ZDHC, ISO 14011. | | | | | |

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| **Section 2: Product Information** |
| Please provide the following information for the products you would like to have assessed for certification. Product lines may be listed to help summarize an extensive scope of products. ***Use additional sheets as necessary.*** |
| **PRODUCT #1**  Product Category (e.g. Men’s apparel, footwear, dyed fiber, griege yarn, packaging, etc.):  Product Details (e.g. coat, bags, woven fabric, filament, yarn, etc.):  Material Composition (100% Recycled Post-Consumer Nylon, 50% Recycled Nylon, etc.):  Other product details/description:  Site location of production: |
| **PRODUCT #2**  Product Category (e.g. Men’s apparel, footwear, dyed fiber, griege yarn, packaging, etc.):  Product Details (e.g. coat, bags, woven fabric, filament, yarn, etc.):  Material Composition (100% Recycled Post-Consumer Nylon, 50% Recycled Nylon, etc.):  Other product details/description:  Site location of production: |
| **PRODUCT #3**  Product Category (e.g. Men’s apparel, footwear, dyed fiber, griege yarn, packaging, etc.):  Product Details (e.g. coat, bags, woven fabric, filament, yarn, etc.):  Material Composition (100% Recycled Post-Consumer Nylon, 50% Recycled Nylon, etc.):  Other product details/description:  Site location of production: |

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| Section 3: Manufacturing Facilities | |
| Please identify all manufacturing facilities and their associated products that you would like to have assessed for certification. ***Add additional sheets as necessary.*** | |
| **FACILITY #1** | |
| Products Manufactured in this Facility: | |
| Type of Operations Performed:  Number of Employees: | |
| Address: | |
| Country: | |
| **CONTACT PERSON** | |
| Name: | |
| Phone: | Email: |
| Is this a sub-contract facility (yes/no)? | |
| **FACILITY #2** | |
| Products Manufactured in this Facility: | |
| Type of Operations Performed:  Number of Employees: | |
| Address: | |
| Country: | |
| **CONTACT PERSON** | |
| Name: | |
| Phone: | Email: |
| Is this a sub-contract facility (yes/no)? | |

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| **Section 4: 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:

[recycledcontent@scsglobalservices.com](mailto:recycledcontent@scsglobalservices.com)

Phone: 510-452-8000 | Fax: 510-452-6887

We will be in touch as soon as possible.

**Thank you for choosing SCS.**