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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1: Company details** | | | |
| **Contact information for the Supplier who sells directly to the retailer identified in Section 2** | | | |
| Company Name**:** | | | |
| Street address: | | | |
| City: | State/Province: | | Postal Code: |
| Country: |  | |  |
| Primary contact name: | Tel: | | Email: |
| **Section 2: Audit details**  2-Pillar: Labor Standards, Health & Safety  4-Pillar: Addition of Environmental Assessment  and Business Ethics | | | |
| Who requested the SMETA audit (Retailer / Brand name)? | | | |
| Audit scope (choose one):  2-Pillar  4-Pillar | | | |
| Audit notification:  Announced  Semi-announced  Unannounced | | | |
| Audit type:  Initial Audit  Re-audit  Additional Code of Conduct (specify): | | | |
| Desired audit date / deadline to receive audit: | | | |
| Do you require the audit report in a language other than English?  Yes No (If ‘Yes’, please specify language) | | | |
| **Section 3: Facility details** | | | |
| **Facility #1** | | | |
| Facility Name: | | | |
| Street address: | | | |
| City: | State/Province: | | Postal Code: |
| Country: | | | |
| Facility contact name: | Telephone: | | Email: |
| Peak months of operations: |  | |  |
| Total number of workers employed directly during peak: | | | |
| Total number of workers employed indirectly during peak (e.g. FLC, H2A): | | | |
| Does the facility have worker housing? Yes No If yes, how many housing facilities? | | | |
| What is the predominant language spoken by the workforce?       By the workforce management (if different)? | | | |
| Products: | | | |
| Activities at this facility (e.g. production, processing, packing, etc.): | | | |
| Is the facility a Sedex member?  Yes  No | | | |
|  | | | |
| **Facility #2** | | | |
| Facility Name: | | | |
| Street address: | | | |
| City: | State/Province: | | Postal Code: |
| Country: | | | |
| Facility contact name: | Telephone: | | Email: |
| Peak months of operations: |  | |  |
| Total number of workers employed directly during peak: | | | |
| Total number of workers employed indirectly during peak (e.g. FLC, H2A): | | | |
| Does the facility have worker housing?  Yes  No If yes, how many housing facilities? | | | |
| What is the predominant language spoken by the workforce?       By the workforce management (if different)? | | | |
| Products: | | | |
| Activities at this facility (e.g. production, processing, packing, etc.): | | | |
| Is the facility a Sedex member?  Yes  No | | | |
| **Section 4: Billing information** | | | |
| **Only complete this section if the audit payer details are different from Section 1 above** | | | |
| Billing information same as Section 1 | | | |
| Billing Company Name: | Billing contact name: | | |
| Street address: | | | |
| City: | State/Province: | Postal Code: | |
| Billing Contact Tel: | Email: | | |
| **Section 5: Additional information** | | | |
| Comments or instructions: | | | |
| Has the company worked with SCS previously?  Yes  No If yes, which service(s) did you use? | | | |

|  |  |
| --- | --- |
| Section 6: Declaration | |
| 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 the SMETA audit with SCS Global Services, I agree to supply any information that is deemed necessary for the audit of the facilities and operations in scope. | |
| **Print Name:** | **Title:** |
| **Signature** (*electronic or typed accepted*): | **Date:** |

|  |  |
| --- | --- |
| **Submit completed application to:**  Oren Jaffe | [OJaffe@scsglobalservices.com](mailto:ojaffe@scsglobalservices.com) | Phone: 1-510-882-0951 | Fax: 1-510-452-8001  [**www.SCSglobalServices.com**](http://www.SCSglobalServices.com) |  |