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:

   Has the company worked with SCS previously? 

   - [ ] Yes 
   - [ ] No 

   Does your company buy carbon offsets or renewable energy instruments (e.g., renewable energy credits, RECs)? 

   - [ ] Carbon Offsets 
   - [ ] Renewable Energy Instruments 
   - [ ] None 

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2. **PRIMARY CONTACT PERSON**

   First Name: 

   Last Name: 

   Title: 

   Direct Phone: 

   Email: 

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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.

**Product categories** – may include: raw diamonds, cut diamonds, loose diamonds, diamond jewelry

**Product #1**

- Product brand name: 
- Product category: 
- Site(s) where manufactured or sold: 

**Product #2**

- Product brand name: 
- Product category: 
- Site(s) where manufactured or sold: 

**Product #3**

- Product brand name: 
- Product category: 
- Site(s) where manufactured or sold:
**Section 3: Manufacturing Facilities**

Please identify all facilities and the products from each facility that you would like to have assessed for certification. Also, please describe the type of operations performed at each facility (e.g., diamond production, diamond cutting, jewelry manufacture, retailing)

**Facility #1**  
Product(s) manufactured in this facility
Types of operations performed in this facility
Street Address:
City:
State/province:
Postal code:
Country:
Is this a contract facility? [ ] Yes  [ ] No

**Facility #2**  
Product(s) manufactured in this facility
Types of operations performed in this facility
Street Address:
City:
State/province:
Postal code:
Country:
Is this a contract facility? [ ] Yes  [ ] No

**Facility #3**  
Product(s) manufactured in this facility
Types of operations performed in this facility
Street Address:
City:
State/province:
Postal code:
Country:
Is this a contract facility? [ ] Yes  [ ] No

**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.

**Print Name:**

**Title:**

**Signature (electronic or typed accepted):**

**Date:**
Please press SUBMIT to email this application or save and email to:
Stanley Mathuram, Vice President, Corporate
Phone: 616.299.1073 | Email: SMathuram@scsglobalservices.com

We will be in touch as soon as possible.

Thank you for choosing SCS.