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

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| **A. GENERAL INFORMATION** |
| 1. **Date:**
 |
| 1. **Entity Legal Name:**
 |
| 1. **Company legal status:**
 | 1. **Website:**
 |
| 1. **Crop(s) to be included in the scope of assessment:**
 |
| 1. **a) Street Address (administrative office where relevant documents are kept)**:
 |
| **b) City and State/Territory:**       | **c) Postal Code:**       | **d) Country:**       |
| 1. **a) Primary Contact (for billing purposes):**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **a) Assessment Contact:**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **Brief Description of Company:**
 |
| 1. **Affiliations with other legal entities (parent co, subsidiaries) that play a role managing the supply and/or workers (please explain)**

**Entity Name:**       **Relationship:**      **Entity Name:**       **Relationship:**      **Entity Name:**       **Relationship:**       |
| 1. **Has SCS provided a service(s) to the company in the past?** **[ ]  Yes** **[ ]  No**

**If yes, please specify service(s) and year(s)**       |
| **B. VERIFICATION CERTIFICATION PROGRAMS** |
| 1. **What other certifications do you have, if any?**

**Rainforest Alliance** [ ]   **Fair Trade USA** [ ]  **Organic** [ ]  **Non-GMO Project** [ ]   **Other(s) [ ]  (Please list)**      **Food Safety****GLOBALG.A.P.** [ ]  **(Please specify type)**       **PrimusGFS** [ ]  **SQF** [ ]  **Other(s) [ ]  (Please list)**       |
| 1. **Have your farms completed the SAI-FSA self-assessment questionnaire? [ ]  Yes [ ]  No**
2. **Have your farms previously undergone a third-party assessment for SAI-FSA? [ ]  Yes [ ]  No**
 |
| **C. ORGANIZATIONAL STRUCTURE** |
| 1. **Please indicate whether the operation is a single farm or multiple farms:**
 |
| **[ ]  Single Farm** **[ ]  Multiple Farms with common management system (Farm Management Group)** **[ ]  Multiple Farms with separate management systems**  |
| 1. **Mark all activities performed by your company:**

**[ ]  Production [ ]  Processing [ ]  Packing [ ]  Storage** |

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| 1. **PRODUCTION INFORMATION (summary)**
 |
| **Product** | **Variety (if applicable)** | **Productive Area (specify acres or hectares)**  | **Post-Harvest Handling (specify activities)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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| 1. HARVEST INFORMATION (summary)
 |
| Product | Single or multiple harvest? (if multiple, use separate row for each) | Start time (month) | End time (month) | Peak (month) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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| 1. PRODUCTION SITES – *Please include individual fields if the farm consists of multiple separate plots.*
 |
| **Name of farm**  | **Address** | **Distance from admin. office** **(miles / km)** | **Contact person** | **Product(s)** | **Productive Area (Acres/Ha)** | **No. permanent workers**  | **No. temporary workers** |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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| 1. **WORKER HOUSING (IF APPLICABLE)**
 |
| **Name of housing site** | **Address**  | **Number of residents during peak period(s)**  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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| **D. WORKFORCE OVERVIEW** |
| 1. **If migrant workers are employed, where are they traveling from?**
 |
| 1. **Are labor contractors or labor recruiters used?** Yes [ ]  No [ ]

**If yes, please list each contractor/recruiter and specify services provided):**       |
| 1. **What are the predominant language(s) spoken by the workforce (include estimated percentages)?**       **By the workforce management (if different)?**
 |

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| **E. ASSESSMENT PLANNING INFORMATION** |
| 1. **Desired date/timeframe for assessment:**
 |
| 1. **During which three month(s) of the year are most workers present?**
 |
| 1. **Nearest major airport (and distance to your sites from this airport):**
 |
| 1. **Logistical information or additional comments for assessmentt planning (please indicate whether you will provide support with assessment logistics (e.g. provision of ground transport, accommodation):**

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| **F. DECLARATION** |
| I have completed this application to the best of my ability and the information stated is accurate and complete. I agree to comply with the requirements for certification and to supply any information needed. Printed Name: Position in the applying company/organization: Date:  Signature (*electronic or typed accepted*):  |