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*): |