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/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:      |

|  |
| --- |
| **Section 2: Brand Information**  |
| Please provide the following information for the products you would like to have assessed for certification. **Brand:** Trade name or logo or product label design or combination of these, employed in marketing a product or family of products that may include a number of colors or various formulations to cover a range of surface applications for commercially available paints.**Type of Diluent:** A paint using water or oil (one or combination of organic solvents) as the main diluent.**Product:** A finishedpaint product with a unique formulation marketed under a brand name within an individual paint category and color. |
| **BRAND #1 :** |
| Brand Name:       |
| Type of Diluent (Oil/Water):       |
| Number of products seeking certification:      Annual Production Volume (L/Year)       |
| Site(s) where manufactured:       |
| **BRAND #2 :** |
| Brand Name:       |
| Type of Diluent (Oil/Water):       |
| Number of products seeking certification:      Annual Production Volume (L/Year)       |
| Site(s) where manufactured:       |

|  |
| --- |
| **BRAND #3 :** |
| Brand Name:       |
| Type of Diluent (Oil/Water):       |
| Number of products seeking certification:      Annual Production Volume (L/Year)       |
| Site(s) where manufactured:

|  |
| --- |
| **BRAND #4 :** |
| Brand Name:       |
| Type of Diluent (Oil/Water):       |
| Number of products seeking certification:      Annual Production Volume (L/Year)       |
| Site(s) where manufactured:       |

 |
| ***Use additional sheets as necessary.*** |

|  |
| --- |
| Section 3: Manufacturing Facilities  |
| Please identify all manufacturing facilities and the products from each facility that you would like to have assessed for certification.  |
| **FACILITY #1** |
| Products Manufactured in this Facility:       |
| Street Address:       |
| City:       | State/Province:       | Postal Code:       |
| Country:       |
| **FACILITY #2** |
| Products Manufactured in this Facility:       |
| Street Address:       |
| City:       | City:       | City:       |
| Country:       |
|

|  |
| --- |
| **FACILITY #3** |
| Products Manufactured in this Facility:       |
| Street Address:       |
| City:       | State/Province:       | Postal Code:       |
| Country:       |
| **FACILITY #4** |
| Products Manufactured in this Facility:       |
| Street Address:       |
| City:       | City:       | City:       |
| Country:       |

 |

Please press SUBMIT to email this application or save and email to:

nmunoz@scsglobalservices.com

Phone: +1.510.452.8000 | Fax: +1.510.452.6883

We will be in touch as soon as possible.

**Thank you for choosing SCS.**