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: Farm/Organization Information** | | | | | |
| **1. FARM/ORGANIZATION INFORMATION** | | | | | |
| Farm or Organization 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: | | | |
| **3. Farm Certification scope** | | | | | |
| a. Types of farm scope certification requested:  Farm(s) Certification Farm Group Certification  b. Number of Farms: | | | | | |

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| --- |
| Section 2: FARM LOCATIONS |
| Please identify all farm locations. ***Add additional lines as necessary.*** |
| |  |  |  |  | | --- | --- | --- | --- | | FARM # | Address  (City, State/Province, Postal Code) | Primary Contact  (First, Last Name) | Contact Information  (email/Phone) | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | 6 |  |  |  | | 7 |  |  |  | | 8 |  |  |  | | 9 |  |  |  | | 10 |  |  |  | |

|  |  |
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| **Section 3: General Information** | |
| **1.** **What factors contributed to your interest in SCS Global Services?** | |
| Compliance  Customer Interest  Supplier Programs | Strategy  Buyer Requirement  Other |
| **2.**  **Would you like information on any of our other services?** | |
| Supply Chain or Transaction Certificates  *(Responsible Wool Standard)*  Environmental Claims  *(Responsible Down Standard, GRS, Recycled Content, Responsible Sourcing, etc)* | Responsible Forestry  *(FSC, PEFC, Chain of Custody, Timber Legality, etc.)*  Sustainable Services  *(Consulting, Supply Chain, Life Cycle Assessment, etc.)* |
| **3. Additional comments:** | |

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| **Section 5: 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. Should our company decide to pursue certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified. |
| **Print Name:** |
| **Title:** |
| **Signature** (*electronic or typed accepted*): |
| **Date:** |

Please save this application and email to:

[rwscertified@scsglobalservices.com](mailto:rwscertified@scsglobalservices.com)

Phone: +61.3.5962.6852 | Fax: +61.3.8648.6851

We will be in touch as soon as possible.

**Thank you for choosing SCS.**