**LegalHarvest Verification**

**Chain of Custody Application for Non-Forest Managers**

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:** | | | | | | |
| **Brief Company Description:** | | | | | | | | | | | |
| **2. PRIMARY CONTACT PERSON** | | | | | | | | | | | |
| **First Name:** | | | **Last Name:** | | | | | | | **Title:** | |
| **Direct Phone:** | | | **Email:** | | | | | | | | |
| **3. Company affiliations with other legal entities** *(parent co, subsidiaries)* | | | | | | | | | | | |
| **Company Name:** | | | | | | **Corporate Relationship:** | | | | | |
| **Has the company worked with SCS previously?**  **Yes**  **No**  **Which service, or services, did you use?** | | | | | | | | | | | |
| **4. COMPANY LEGAL STATUS** *(e.g. INC., LLC., GMBH, LTD., NGO)* | | | | | | | | | | | |
| **What is the legal status of your company?** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Section 2: Certification Information | | | | | | | | | | | |
| **TYPES OF SERVICES REQUIRED** | | | | | | | | | | | |
|  | **FSC: Forest Stewardship Council** | | | | | |  | **LHV: Legal Harvest Verification** | | | |
|  | **SFI: Sustainable Forestry Initiative**  **(offered with FSC COC only)** | | | | | |  | **PEFC: Programme for the Endorsement of Forest**  **Certification** | | | |
|  | | | | | | | | | | | |
| Section 3: Site Information | | | | | | | | | | | |
| **BUSSINES CATEGORY (**Please check all that apply) | | | | | | | | | | | |
| Trader | | | | | | | Manufacturer | | | | |
|  | **Broker**  *(does not take physical possession of product)* | | | | | |  | **Primary manufacturer**  *(uses round wood (logs) as input)* | | | |
|  | **Wholesaler**  *(takes physical possession of product)* | | | | | |  | **Secondary manufacturer**  *(all other manufacturing)* | | | |
|  | **Retailer**  *(sale of finished goods)* | | | | | |  | **Headquarters/ Administration** *(central office of an organization with multiple sites)* | | | |
|  | **Group Administrator** *(Membership-based entity that oversees individual members)* | | | | | |  | | | | |
| **Please list all certifications and the scope of such certifications maintained by the organization** (e.g., FSC Chain of Custody, PEFC, ISO 9001, ISO 14001, etc.)  N/A – Not Applicable | | | | | | | | | | | |
| **Does your organization have a preferred supplier program and/or responsible purchasing policy that requires all wood purchases to come from legal sources?**  **No**  **Yes,** Please attach a copy of your program/policy or provide a URL/web address if it is online | | | | | | | | | | | |
| **This application is for ALL**  **or SOME**  **of the wood products your company produces.** If some, please explain which products are under the scope of the audit, and how these products will be kept separate: | | | | | | | | | | | |
| **Are there additional sites (other than the address listed above) to be included in the scope of the audit?**  **No** – please skip to next questions  **Yes** – please fill out the table below to include additional sites within the scope.  **A company with multiple locations to be included on one certificate has two options for management:**   1. The company may allow each site to manage its own certification/legality program – SCS will conduct audits of all participating sites; 2. The company may manage the program through a multi-site or group administrator. This administrator must implement a set of internal procedures that includes annual internal audits of a sample of participating sites/members, which will allow SCS to conduct audits of a *sample* of participating sites.   **Each site will administer its own program**  **Not sure**  **Sites managed through a group/central office administrator** | | | | | | | | | | | |
| **COMPANY OWNED OR MANAGED SITES INCLUDED IN THE VERIFICATION SCOPE (***add additional lines as needed)* | | | | | | | | | | | |
| **Facility name** | | **Contact person** | | **Address** | | | | | **Facility type** *(sawmill, molding facility, veneer factory, etc.)* | | **Annual production volume** |
|  | |  | |  | | | | |  | |  |
|  | |  | |  | | | | |  | |  |
|  | |  | |  | | | | |  | |  |
|  | |  | |  | | | | |  | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Supplier and Source Information** | | | | | | | | |
| **How many suppliers of wood and/or wood fiber does your organization have?**    **\*\*Note\*\* If your organization is sourcing directly from a forest management unit, or if a forest management unit is included in the scope of your audit (supply chain clients) please complete the SCS LegalHarvest Application for the Assessment of Forests.** | | | | | | | | |
| **Please list the following information on your Organization’s suppliers of timber/wood products**  **\*Type: F = Forest; M = Manufacturer; D = Distributor (Wholesale - Stocking); S = Broker/Sales Office (Non-Stocking)** | | | | | | | | |
| **#** | **Name of Supplier** | **Contact Person** | **Email/phone** | **Address** | **Type of company\***  (F/M/D/S) | **Product supplied** *(logs, sawn timber, plywood, solid flooring, etc.)* | **Species supplied** | **Verification/certification code** (if any) |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 5: Supply Chain (use additional page as needed) | | | | | | |
| **Please provide a diagram of the organization’s relationship with other members in their product supply chain. Each stage of ownership back to all forests of origin within the scope should be included** *(names of suppliers and types of businesses should be included, e.g. Forest, Log Broker, Primary Sawmill, Secondary Planning Mill, Exporter, etc.)* | | | | | | |
|  | | | | | | |
| Section 6: Additional Standards and Certifications | | | | | | |
| 1. FOR FSC, CONTROLLED WOOD CERTIFICATION (FSC-STD-40-005) | | | | | | |
| **Will the company seek "Controlled Wood" certification at the time of the initial evaluation? If yes, please indicate your current level of preparedness.** | | | | | | |
| 1. OTHER ENVIRONMENTAL CLAIMS | | | | | | |
| **Are there other environmental claims your company may wish to have certified?** | | | | | | |
|  | | **Recycled Material Content** | |  | | **Environmental Product Declarations** |
|  | | **Indoor Air Quality** (IAQ) | |  | | **Legal Harvest/EUTR/Lacey Act Compliance** |
|  | | **Forest Management** | |  | | **Other:** |
|  | | | | | | |
| Section 7: Additional Information | | | | | | |
| **Desired date / time frame of certification:** | | | | | | |
| **Has your company previously held a Chain of Custody Certificate?**  **Yes**   **No**  **If your company previously held a Chain of Custody Certificate, what was the name of the certification body? What was the certificate code*?*** | | | | | | |
| **If there companies in your supply chain that may want to obtain certification, Please list company names here:** | | | | | | |
|  | | | | | | |
| General Information | | | | | | |
| **1.** **What factors contributed to your interest in SCS Global Services?** | | | | | | |
|  | **Compliance** | |  | | **Strategy** | |
|  | **Customer Interest** | |  | | **Buyer Requirement** | |
|  | **Supplier Programs** | |  | | **Other** | |
| **2.**  **Would you like information on any of our other services?** | | | | | | |
|  | **Climate**  (*Carbon Offset, Carbon Footprint, etc.)* | |  | | **Responsible Forestry**  (*FSC, PEFC, Chain of Custody, Timber Legality, etc.)* | |
|  | **Environmental Claims**  *(Product Certification, Life Cycle Assessment, etc.)* | |  | | **Sustainable Seafood**  *(MSC, ASC, Chain of Custody, Seafood Safety, etc.)* | |
|  | **Food and Agriculture**  *(Safety, Testing, Sustainability, etc.)* | |  | | **Sustainability Services**  *(Consulting, Supply Chain, Sustainability Metrics, etc.)* | |
| **3. How did you learn about SCS Global Services? Who referred you to SCS Global Services?** | | | | | | |
|  | | | | | | |
| 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:

**Adam Wiskind** — Program Director, Chain of Custody

2000 Powell Street, Suite 600 Emeryville, CA 94608

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

Phone: 510-452-6391 | Fax: 510-452-6882

We will be in touch as soon as possible.

**Thank you for choosing SCS.**