

New Client Application for Certification

Animal Care Program, Proposition 12, Farm Animal Confinement

The information provided in this Application will help SCS determine eligibility and scope of service. No charges will be incurred, nor work conducted, until a Work Order is executed.

Note: Applications for producers and distributors only accepted for the United States only at this time. If you would like to request additional locations, please notify SCS Global Services at responsiblesourcing@scsglobalservices.com.

SECTION 1: COMPANY INFORMATION		
COMPANY INFORMATION		
Company Name (as it would appear on a contract):		
Physical Address:		
City:	State:	Postal Code:
Mailing Address:		
City:	State:	Postal Code:
Main Phone:	Website:	
Brief Company Description:		
PRIMARY CONTACT PERSON		
First Name:	Last Name:	Title:
Direct Phone:	Email:	
COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES (<i>parent co., subsidiaries</i>)		
Company Name:		
Corporate Relationship:		

Has the company worked with SCS previously? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which service(s) did you use?
COMPANY LEGAL STATUS (e.g. INC., LLC., GMBH, LTD., NGO)
What is the legal status of your company?

SECTION 2: OPERATION INFORMATION

What type of operation are you applying to be certified:

Pork Producer
 Egg Producer
 Veal Producer
 Distributor

DESCRIPTION OF COVERED ANIMAL CONFINEMENT SYSTEM (For Producer to complete)

Quantity of covered animals:

Number of enclosures:

Size of enclosures:

Maximum number of covered animals housed in each enclosure:

Any additional information:

DESCRIPTION OF COVERED DISTRIBUTOR OPERATION (For distributor to complete)

If you are a Distributor, what type of covered producer do you distribute:

Shell Eggs
 Liquid Eggs
 Whole Veal Meat
 Whole Pork Meat

Quantity of covered products distributed:

SPLIT OPERATIONS (For split operation Producer/Distributor to complete)

Are you a split operation (*an operation that produces or distributes covered animals and/or covered product from operations, or portions of an operation, that are both in conformance and out-of-conformance with Animal Confinement regulations*):

Yes No

If you have a split operation, include a description of management practices including physical barriers and standard operating procedures established to prevent commingling of covered animals/products.

SECTION 3: PREVIOUS CERTIFICATIONS
If applicant has applied for Prop 12 certification previously with another certifying agent or has been issued Prop 12 certification previously by another certifying agent, complete this section.
Name of certifying agent(s) for previous applications:
Year of application(s) to other certifying agent(s):
Outcome of application submission to other certifying agent(s): <i>If applicable, include copy of any notification of noncompliance, denial, or revocation of certification issued AND a description of the actions taken to correct the noncompliance with the evidence used to correct the noncompliance.</i>
Expiration date of most recent Prop 12 certificate:

SECTION 4: GENERAL INFORMATION	
What factors contributed to your interest in SCS services? (check all that apply)	
<input type="checkbox"/> Compliance	<input type="checkbox"/> Strategy
<input type="checkbox"/> Customer Interest	<input type="checkbox"/> Buyer Requirement
<input type="checkbox"/> Supplier Programs	<input type="checkbox"/> Other:
Would you like information on other SCS Services? (check all that apply)	
<input type="checkbox"/> Climate (<i>carbon offset, carbon footprint, etc.</i>)	<input type="checkbox"/> Sustainable seafood (<i>MSC, ASC, seafood safety</i>)
<input type="checkbox"/> Environmental claims (<i>product certifications, life cycle assessment, etc.</i>)	<input type="checkbox"/> Sustainability services (<i>consulting, supply chain, sustainability metrics</i>)
<input type="checkbox"/> Responsible forestry (<i>FSC, PEFC, Timber legality</i>)	
How did you learn about SCS Global Services? Who referred you to SCS?	

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 email completed application to:
responsiblesourcing@scsglobalservices.com
We will be in touch as soon as possible.
Thank you for choosing SCS.