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: Company/Organization Information** | | | | | | | | |
| **1. COMPANY INFORMATION** | | | | | | | | |
| Company Name (*as it would appear on a contract*)**:** | | | | | | | | |
| Street: | | | | | | | | |
| City/Town: | | State/Province: | | | | Postal Code: | | |
| Country: | | | | | | | | |
| Main Phone: | | | | | Website: | | | |
| Brief Company Description: | | | | | | | | |
| Bonsucro Membership Number\*:  **\*If you do not have a Bonsucro Membership Number, please contact Bonsucro and initiate your membership process immediately.** | | | | | | | | |
| 1. Are you currently certified to Bonsucro?  **Yes  No**   If yes, please provide the name of your current certification body:  If no, have you ever been certified to Bonsucro before?  **Yes  No**  If yes, please specify the last certification year:   1. Please select the Bonsucro certification scope that you are interested:   Bonsucro  Bonsucro EUNot sure yet | | | | | | | | |
| 1. Is the company certified to any other standards, including EC-recognized standards?  **Yes  No**   If yes, which standards? | | | | | | | | |
| 1. Has the company worked with SCS previously?  Yes  No   If yes, which service, or services, did you use? | | | | | | | | |
| **2. PRIMARY CONTACT PERSON** | | | | | | | | |
| First Name: | | | Last Name: | | | | Title: | |
| Direct Phone: | | | Email: | | | | | |
| **3. Company affiliations with other legal entities** *(parent co, subsidiaries)* | | | | | | | | |
| **Company Name** | **Company Address** | | | **Corporate Relationship  (Subsidiary, Subcontractor?)** | | | | **If the company worked with SCS previously,** which service, or services, did you use**?** |
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| **4. RISK ASSESSMENT** | | | | | | | | |
| 1. Are all operations under the control of a central management system?  Yes  No, please explain which company administrates the central management system and what are the sites under the same management system: 2. In case there is not a central management system, which are the other companies that will be part of the scope of the audit that handle independent management systems? please explain: | | | | | | | | |

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| Section 2: General Mill Information | | | | | | | |
| **Please fill in the following information.**  \*Please fill out one application for each mill you require certification. | | | | | | | |
| 1. Name of Mill: | | | | | Is the same address in section 1?  Yes  No  If No, please provide the address of the mill: | | |
| 1. Number of shifts and hours of operation: | | | | | | | |
| 1. Annual metric tons of sugarcane processed (input): | | | | | | | |
| 1. Annual metric tons of other inputs:       metric tons  Not applicable   If applicable, please describe the type of input: | | | | | | | |
| 1. Annual Production (output): | | | | | | | |
| Raw Sugar: | | metric tons | | | | | |
| Refined sugar: | | metric tons | | | | | |
| Molasses: | | metric tons | | | | | |
| Ethanol: | | million liters | | | | | |
| 1. During which months does your sugarcane harvest / crush season occur? | | | | | | | |
| 1. Does your company own the mill?  Yes  No If not, please provide the name of the owner of the mill: | | | | | | | |
| 1. Are there additional Mills that belong to the same headquarter?   Yes – Please fill out the table below *(Note: A separate application will need to be submitted for each mill facility)*  No | | | | | | | |
| 1. **Facility Name** | 1. **Address** | | 1. **City, State/Province** | 1. **Contact Person** | | 1. **Annual cane processing volume** 2. **(metric tons)** | 1. **Is this facility administered centrally or under its own management?** |
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| Section 3: Sugarcane Supply – % of Cane Supply | |
| **List the approximate number of participating sugarcane suppliers that fall into levels 1-6 in the table below. Each level is broken up by the percentage of cane an individual grower provides.** | |
| Level and % of Total Cane Supply | Number of Suppliers |
| 1, (100% - 25%) |  |
| 2, (25% - 10%) |  |
| 3, (10% - 5%) |  |
| 4, (5% - 1%) |  |
| 5, (1% - 0.5%) |  |
| 6, (0.50% - 0%) |  |
| 1. Farthest distance/ travel time from cane field to mill?        Km  Miles 2. Closest distance/ travel time from cane field to mill?        Km  Miles | |
| 1. What type of farms constitute your supply base in the scope of certification:   Owned  Rented  Smallholders suppliers (<25Ha)  External suppliers | |
| 1. Do you have access to all farmer level production data (e.g. chemical use, yield data, etc.)  Yes  No | |
| ***Please provide us with a list of farms in the scope of certification using the included excel spreadsheet.*** | |

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| Section 4: Number of Workers in Scope excluding management | | |
| 1. Mill | | |
| Full-time: | Part-time: | Seasonal / Temporary: |
| 1. Farms | | |
| Full-time: | Part-time: | Seasonal / Temporary: |
| 1. What languages do workers speak? | | |

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| Section 5: Subcontractors in Scope |
| 1. Do you have activities in the operation being outsourced, (e.g planting, agrochemical application (mechanic,   airplane, manual, welding, storage, transportation etc)?  Yes  No |
| 1. If yes, please provide a list of the relevant outsourced activities: |
| 1. Is the Outsourcer/Subcontractor repackaging, relabeling of physically transforming the material?  Yes  No |
| 1. IF YES: Is the Outsourcer/Subcontractor repackaging, relabeling or physically transforming both certified and uncertified material?  Yes  No (i.e. “No” indicates that all invoiced material is Bonsucro certified) |
| 1. Does invoicing take place at the subcontracted location?  Yes  No |
| 1. IF YES: Is invoicing of both certified and uncertified material taking place?  Yes  No (i.e. “No” indicates that all invoiced material is Bonsucro certified) |

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| Section 6: Certification Services Information | | |
| 1. Level of preparedness for the assessment and any applicable certifications: | | |
| Very prepared  E.g. ISO 9001, ISO 14001 certifications | Somewhat prepared  E.g. Familiar with the Bonsucro calculator | Need more time |
| 1. Desired date/time frame for on-site assessment: | | |
| 1. Desired date/time frame for achieving certification: | | |
| 1. Desired language you prefer the audit to be carry: |  | |
| 1. Nearest major airport & distance from your project: | Airport: | Distance:        Km  Miles |
| 1. Please provide the names and contact information of any other companies in your supply chain that may wish to pursue certification: | | |

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| Section 6: General Information | | | | |
| 1. What factors contributed to your interest in SCS Global Services? | | | | |
| Compliance  Customer Interest  Supplier Programs | | Strategy  Buyer Requirement  Other: | | |
| 1. Would you like information on any of our other services? | | | | |
| **Climate**  *Carbon Offset*  *Carbon Footprint* | **Food Safety**  *HAACP*  *BRC*  *SQF*  *GLOBALG.A.P.* | | **Environmental Claims**  *USDA Organic*  *Non-GMO* | **Biofuel Certifications**  *(International Sustainability & Carbon Certification (ISCC)*  *Roundtable on Sustainable Biomaterials (RSB)* |
| 1. How did you learn about SCS Global Services? Who referred you to SCS Global Services? | | | | |

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| Section 7: 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 and email to the following email

**Camila Andino, Manager of Bonsucro Program**

[**candino@scsglobalservices.com**](mailto:candino@scsglobalservices.com)

We will be in touch as soon as possible.

**Thank you for choosing SCS.**