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 EU **[ ]** Not 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 preparedE.g. ISO 9001, ISO 14001 certifications | [ ]  Somewhat preparedE.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**

We will be in touch as soon as possible.

**Thank you for choosing SCS.**