

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		
<b>1. COMPANY NAME</b>		
Company Name <i>(as it would appear on a contract)</i> :		
Street:		
City:	State/Province:	Postal Code:
Country:		
Main Phone:	Website:	
Has the company worked with SCS previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Which service(s) did you use?		
<b>2. PRIMARY CONTACT PERSON</b>		
First Name:	Last Name:	
Title:	Direct Phone:	Email:
<b>3. GENERAL DESCRIPTION</b>		
<i>Provide a general description of inputs and outputs (e.g. type of feedstock(s) and final product produced, as well as a general description of your organizational structure and type of business. If there are multiple business structures, please send a flow chart as an attachment which maps the flow of materials between different entities.</i>		

Section 2: Preparation for Audit	
Please indicate which of the following ISCC Standards you have reviewed :	
<input type="checkbox"/> ISCC EU 201 <input type="checkbox"/> ISCC EU 201-01 <input type="checkbox"/> ISCC EU 202 <input type="checkbox"/> ISCC EU 203 <input type="checkbox"/> ISCC EU 205 <input type="checkbox"/> ISCC EU 206	
*Available for Download: <a href="https://www.iscc-system.org/process/audit-and-certification-process/iscc-system-documents/">https://www.iscc-system.org/process/audit-and-certification-process/iscc-system-documents/</a>	
<input type="checkbox"/> The person charged to implement ISCC has taken an ISCC training course or plans to take an ISCC training course soon. Course Date:                      Location:	
<input type="checkbox"/> We have conducted an ISCC Internal Audit or plan to conduct an ISCC Internal Audit soon. Date of ISCC Internal Audit: <input type="checkbox"/> I am not sure what an ISCC Internal Audit is.	
<input type="checkbox"/> I have reviewed the standards pertinent to my operations and fully understand the ISCC system requirements.	

Section 3: Processing Facilities / Production Plants					
Please list all facilities that will be in the scope of the ISCC certification. Please fill out all information below.					
<i>*All facilities will be assessed during the audit.</i>					
Facility Name	Type (Rendering, Purification, Oil extraction, Biofuel plant, etc.)	Location (City, State/ Province)	Products	Volume (metric tons)	Ownership status (Owned by you, owned by partner, or owned by subcontractor)
Attach Additional Pages if Necessary					

Section 4: Storage Locations / Warehouses					
Please list all warehouses that will be used to store certified products					
<i>*A sample of storage sites will be assessed during the audit.</i>					
Name of Storage Site (if relevant)	Type (tank farm, grain elevator, etc)	Material Stored (Grains, Fats/Oils, Biofuel, etc.)	Location Address of Storage Site	GPS Coordinates (if available)	Ownership status (Owned by you, rented to you, or owned and operated by subcontractor)
Attach Additional Pages if Necessary					

Section 5: Sources of Waste Material (ONLY FILL THIS SECTION IF CERTIFYING WASTES/ RESIDUES)					
5a: Points of Origin (Waste generation sites)					
Please list all sources of waste material GREATER THAN 10 METRIC TONS per month.					
<i>*A sample of waste providers over 10MT/month will be assessed during the audit.</i>					
Type (Industrial plant, commercial user, renderer, other?)	Products (UCO, Animal fat, fatty acids, etc.)	Average Volume Per Month In metric tons	Location Address of Storage Site	GPS Coordinates (if available)	Independently Certified? <i>Does the point of origin have its own ISCC certificate? (yes/no)</i>


**Attach Additional Pages if Necessary**

**5b: Collecting Points**

**Please list any entities that collect waste material on your behalf**

<b>Name of Company</b>	<b>Products</b> (UCO, Animal fat, fatty acids, etc.)	<b>Location</b> Address of Storage Site (or GPS)	<b>Contact Info</b>	<b>Who holds the contracts with the Points of Origin? You or the Collecting Point?</b>	<b>Does the Collector take legal possession of the product they collect? (yes/no)</b>

**Section 6: Farms, Plantations or Estates (ONLY FILL THIS SECTION IF CERTIFYING AGRICULTURAL PRODUCTION)**

List all farms, plantations, or estates.  
**PLEASE ONLY LIST FARMS THAT YOU WILL INCLUDE IN THE ISCC CERTIFICATION SCOPE**  
*\*A sample of farms / plantations will be assessed during the audit.*

**Large Farms/ Plantations (>2500 hectares)**

<b>Number of Large Farms or Plantations</b>	<b>Type of Farm</b> (Corn, Palm Fruit, Canola, Sugarcane, Forestry, etc.)	<b>Location</b> Approx. distance and driving time from Farm(s) to the Processing Facility?	<b>Ownership &amp; Management</b> Is the farm(s) owned by the company, or is it independent? Is it managed by your company?	<b>Date Established</b> When was the farm/plantation established? (mon/year) <i>Can use a date range if more than one farm.</i>

**Medium Farms/ Plantations (500 - 2500 hectares)**

<b>Number of Medium Size Farms or Plantations</b>	<b>Type of Farm</b> (Corn, Palm Fruit, Canola, Sugarcane, Forestry, etc.)	<b>Location</b> Approx. distance and driving time from Farm(s) to the Processing Facility?	<b>Ownership &amp; Management</b> Is the farm(s) owned by the company, or is it independent? Is it managed by your company?	<b>Date Established</b> When was the farm/plantation established? (mon/year) <i>Can use a date range if more than one farm.</i>

**Small Farms (<500 hectares)**

<b>Number of Small Farms</b>	<b>Type of Farm</b>	<b>Location</b>	<b>Ownership &amp; Management</b>	<b>Date Established</b>

	(Corn, Palm Fruit, Canola, Sugarcane, Forestry, etc.)	Approx. distance and driving time from Farm(s) to the Processing Facility?	Is the farm(s) owned by the company, or is it independent? Is it managed by your company?	When were the farms established? (mon/year)  <i>Can use a date range if more than one farm.</i>

<b>Section 7: Standards to be Applied</b>		
What ISCC standard(s) do you want to be certified to?		
<input type="checkbox"/> EU (for biofuels)	<input type="checkbox"/> PLUS (for food and feed)	<input type="checkbox"/> PLUS add-ons
What greenhouse gas emissions reductions calculations are you planning on using?		
<input type="checkbox"/> Calculated Values (required for non-EU corn or palm w/out methane capture)	<input type="checkbox"/> Default values (pre-determined emissions values listed in EU directive)	<input type="checkbox"/> Not sure
Do you need consulting support? (If so, we can provide a list of vetted consultants who can help you prepare for certification.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Section 8: Certification History</b>	
Are you currently or have you ever previously been certified to ISCC?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list to which ISCC standard (s), year of certification, and certification body.	
Are you currently or have you ever previously been certified to another certification scheme?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the certification schemes applicable and the year of certification.	

<b>Section 9: The following section is used to determine your ISCC fees. Depending on the scope of your certification, please fill out either Section 9a and/or 9b. If your certification includes scopes in both 9a &amp; 9b, only part 9b is needed.</b>	
<b>A list of terms to help determine your scope is below:</b>	
<b>Conversion Unit:</b> Biofuel Facility, Grain or Oil mill (any facility that involves chemical changes to an input) <b>Point of Origin:</b> material to be certified was created on premises, i.e. restaurant, rendering facility, farm	<b>Trader:</b> Only trades material <b>Collecting Point:</b> collector of UCO or other waste materials <b>Warehouse:</b> Storage facility <b>Logistic Center:</b> a network organizer of warehouses
<b>9a: If your company is a Conversion Unit or a Trader, please indicate Total Annual Turnover in Euros</b>	
<b>Please indicate the annual revenue level for the business unit in Euros.</b>	

Level and Annual Revenue (Million Euro)	Please Check
1 (0€ -0.6€)	<input type="checkbox"/>
2 (0.6€ - 3€)	<input type="checkbox"/>
3 (3€ - 15€)	<input type="checkbox"/>
4 (15€ - 30€)	<input type="checkbox"/>
5 (30€ - 60€)	<input type="checkbox"/>
6 (60€ - 150€)	<input type="checkbox"/>
7 (150€ - < )	<input type="checkbox"/>

**OR**

**9b: If your company is one of the following, please indicate Total Turnover in Metric tons per year: Farm/Plantation, Points of Origin, First Gathering Point, Collecting Point, Warehouse, Logistic Center**

**Please indicate the annual tonnage in Metric Tons**

Level and Annual Tonnage (Metric Tons)	Please Check
1 (< 2,000)	<input type="checkbox"/>
2 (<10,000)	<input type="checkbox"/>
3 (<50,000)	<input type="checkbox"/>
4 (<100,000)	<input type="checkbox"/>
5 (<200,000)	<input type="checkbox"/>
6 (<500,000)	<input type="checkbox"/>
7 (>500,000)	<input type="checkbox"/>

**Section 10: General Information**

**1. How did you learn about SCS Global Services? Who referred you to SCS Global Services?**

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**2. Would you like information on any other certification services?**

<p><b>Sustainability</b></p> <p><input type="checkbox"/> <i>RSPO</i></p> <p><input type="checkbox"/> <i>Bonsucro</i></p> <p><input type="checkbox"/> <i>RSB</i></p> <p><input type="checkbox"/> <i>Non-GMO Verified</i></p>	<p><b>Food Safety</b></p> <p><input type="checkbox"/> <i>HAACP</i></p> <p><input type="checkbox"/> <i>BRC</i></p> <p><input type="checkbox"/> <i>SQF</i></p> <p><input type="checkbox"/> <i>Global Gap</i></p>	<p><b>Climate</b></p> <p><input type="checkbox"/> <i>Carbon Offset</i></p> <p><input type="checkbox"/> <i>Carbon Footprint</i></p>
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Section 11: Assessment Planning		
Desired date/time frame for on-site assessment:		
Desired date/time frame for achieving certification:		
Nearest major airport & distance from your project	Airport:	Distance:
Please list any other companies in your supply chain that may wish to pursue certification:		
Additional Information or Comments:		

Section 12: 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.
<b>Print Name:</b>
<b>Title:</b>
<b>Signature</b> <i>(electronic or typed accepted):</i>
<b>Date:</b>
Please email to: Matthew, Rudolf, Program Manager, ISCC <a href="mailto:mrudolf@scsglobalservices.com">mrudolf@scsglobalservices.com</a> Phone: +1 919-533-4886   Fax: +1 510-452-8001  We will be in touch as soon as possible. <b>Thank you for choosing SCS.</b>