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 signed.

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| 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: | | | |
| Has the company worked with SCS previously?  **Yes**  **No**  If yes, which service(s) did you use? | | | | |
| **2. Primary Contact Person** | | | | |
| First Name: | | Last Name: | | |
| Title: | Direct Phone: | | Email: | |
| **3. General description**  *Provide a general description of your business and the facilities you would like to submit for landfill free verification. If there are multiple business structures, please send a flow chart as an attachment which maps the flow of materials between different entities.* | | | | |
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| **Section 2: Description of Facilities** | | | | | |
| **Please list all facilities that you would like to submit for Zero Waste Certification. Please fill out all information below.**  *\*A sample of facilities will be assessed on-site during the audit. Waste data will be reviewed for ALL sites.* | | | | | |
| **Facility Name** | **Type**  (Product Manufacturer, Restaurant, University Building, etc.) | **Location**  (City, State/ Province) | **Size of Facility** | **Is material from this site sent to the landfill?** | **Is material stored at this site (neither diverted nor recycled)?** |
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| **Attach Additional Pages if Necessary** | | | | |  |

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| **Section 3: Types of Diversion Used** | | | | | | | |
| **Check all methods that apply for each facility.** | | | | | | | |
| **Name of Facility** | **Redesign to reduce waste generated** | **Reclaim/ Collected and Sold** | **Reuse** | **Electronics Recycling** | **Composting** | **Recycling (Plastics, Glass, Aluminum, etc.)** | **Waste to Energy** |
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| **Attach Additional Pages if Necessary** | | | | | | | |

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| **Section 4: Compliance with the SCS Zero Waste Standard** | | |
| **Please review and indicate an answer for the following statements.** | | |
| The facilities to be assessed each divert at least 50% of all produced waste (by weight) from the landfill: | | |
| This is correct | This is not the case for at least one facility in scope | Not sure |
| The facilities to be assessed do NOT send more than 25% of waste (by weight) towards waste-to-energy: | | |
| This is correct | This is not the case for at least one facility in scope, however, it can be demonstrated that there are no facilities that can recycle, compost, or otherwise reuse the material within a *reasonable distance* (see definition in Standard) from the facility. | Not sure |
| The facilities to be assessed have NOT received violations related to waste handling and disposal during the prior twelve months. | | |
| This is correct | This is not the case for at least one facility in scope | Not sure |
| There are 12 months of data for each of the facilities to be assessed (waste generation data and supporting documents) | | |
| This is correct | This is not the case for at least one facility in scope | Not sure |
| The data provided is SPECIFIC to the operations of the applicant; waste or diversion infrastructure in scope is NOT shared with other entities | | |
| This is correct | This is not the case for at least one facility in scope | Not sure |

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| Section 5: General Information | | |
| **1.**  **Do you need consulting support? (If so, we can provide a list of consultants who can help you prepare for verification.)**  Yes No | | |
| **2. How did you learn about SCS Global Services? Who referred you to SCS Global Services?** | | |
| **3.**  **Would you like information on any other certification services? Please choose from below:** | | |
| Sustainable Chain of Custody  *Responsible Sourcing*  *Responsible Metals*  *Conflict Minerals*  *Roundtable on Sustainable Biomaterials*  *International Sustainability & Carbon Certification* | Product Sustainability for Buildings & Interiors  *FloorScore*  *Recycled Content Certification*  *BIFMA*  *Green Squared*  *NSF/ANSI 140, 332, 336* | Climate  *Carbon Offset*  *Carbon Footprint*  *Life Cycle Assessment* |

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| **Section 6: 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: | | |

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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 email to:  Inna Kitaychik, Program Manager, Zero Waste  [ikitaychik@scsglobalservices.com](mailto:ikitaychik@scsglobalservices.com)  Phone: +1 510-452-8020 | Fax: +1 510-452-8001  We will be in touch as soon as possible.  **Thank you for choosing SCS.** |