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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| **A. GENERAL INFORMATION (Certification Applicant)** |
| 1. **Date:**
 |
| 1. **Entity Legal Name (to appear on the Responsibly Managed Peatlands Certificate):**
 |
| 1. **Company legal status:**
 | 1. **Website:**
 |
| 1. **a) Street Address (administrative office where relevant documents are kept)**:
 |
| **b) City and State/Territory:**       | **c) Postal Code:**       | **d) Country:**       |
| 1. **a) Primary Billing Contact Name:**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **a) Primary Certification Contact Name:**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **Brief description of company/organization:**
 |
| 1. **Affiliations with other legal entities (parent co, subsidiaries) that play a role managing the supply and/or workers (please explain)**

**Entity Name:**       **Relationship:**      **Entity Name:**       **Relationship:**      **Entity Name:**       **Relationship:**       |
| 1. **Has SCS provided a service(s) to the company in the past?** **[ ]  Yes** **[ ]  No**

**If yes, please specify service(s) and year(s)**       |

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| **B. CERTIFICATION PROGRAMS** |
| 1. **What other certifications does the company have, if any?**

**(Please list)**       |
| 1. **Has your company been denied certification or been decertified in the past 24 months? [ ]  Yes [ ]  No**

**If yes, please list the program / standard:**       |

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| **C. RESPONSIBLY MANAGED PEATLANDS MARKET** |
| 1. **Please list the countries where you intend to sell Responsibly Managed Peatlands certified product:**

      |
| 1. **Please indicate whether you are: Exporting on your own [ ]  Selling to an exporter/importer [ ]**
 |
| 1. **Do you plan to sell the product under your own brand?**

**Yes** [ ]  **No** [ ]  **Not sure [ ]**  | 1. **Do you plan to make an on-product certification claim?**

 **Yes** [ ]  **No** [ ]  **Not sure [ ]**  |
| 1. **Have you identified any buyers for Responsibly Managed Peatlands certified product(s)? Yes** [ ]  **No** [ ]

 **If yes, please list:**       |

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| **D. AUDIT PLANNING INFORMATION** |
| 1. **Desired date/timeframe for audit:**
 | 1. **Desired date/timeframe for certification (typically certification is achieved 4-6 months following the audit):**
 |
| 1. **During which month(s) of the year are the majority (> 50%) of workers present?**
 |
| 1. **Nearest major airport and distance to your sites from this airport:**
 |
| 1. **Logistical information or additional comments for audit planning (please indicate whether you will provide support with audit logistics (e.g. provision of ground transport, accommodation):**

      |

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| **E. ORGANIZATIONAL STRUCTURE** |
| 1. **Please indicate whether the operation is a single site or multi-site.**
 |
| **[ ]  Single Site [ ]  Multi-Site with common management system [ ]  Other (use space below to describe the organizational structure)**      |

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| **F. WORKFORCE OVERVIEW** |
| 1. **Total number of workers and management employed:**

**Permanent:**       **Temporary:**      **If temporary workers are employed:****Temporary local workers:**       **Temporary migrant workers:**       |
| 1. **If migrant workers are employed, where are they traveling from?**
 |
| 1. **Are labor contractors or labor recruiters used?** Yes [ ]  No [ ]

**If YES, list each contractor/recruiter and specify number of workers and services provided:**

|  |
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| **LABOR CONTRACTORS (if applicable) *Use Annex if you need additional rows*** |
| **Name of Labor Contractor** | **Address** | **Activities performed** | **No. workers provided** | **Products involved** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **RECRUITERS (if applicable) *Use Annex if you need additional rows*** |
| **Name of labor Recruiter** | **Address** | **Activities performed** | **No. workers recruited** | **Origin of workers** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 |
| 1. **Is there worker representation, workers’ association, or union in place?** Yes [ ]  No [ ]

**If yes, provide the name of the worker representation, workers’ association, or union:**       |
| 1. **Is a Collective Bargaining Agreement in place?** Yes [ ]  No [ ]
 |
| 1. **What are the predominant languages spoken by the workforce? (include estimated percentages)**

**By the workforce management (if different)?**       |
| 1. **Method of pay for non-supervisory workers: Hourly** [ ]  **Piece-rate** [ ]  **Salary** [ ]  **Other** [ ]  **(describe)**
 |
| 1. **Describe the typical shift structure for full-time non-supervisory workers:**

**Number of working hours per shift during non-peak months:**       **During peak harvest months:**      **Number of consecutive days worked and number of days off during non-peak months:**       **During peak harvest months:**      **Overtime hours during non-peak months:**       **During peak harvest months:**       |

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| 1. **SUBCONTRACTORS (if applicable) *Use Annex if you need additional rows***
 |
| **Name of subcontractor**  | **Address**  | **Distance from admin. office** **Mi** [ ]  **Km** [ ]   | **Activities performed**  |
|       |       |       |       |
|       |       |       |       |
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| 1. **WORKER HOUSING (if applicable) *Use Annex if you need additional rows***
 |
| **Name of housing site** | **Address**  | **Number of residents during peak period(s)**  |
|       |       |       |
|       |       |       |
|       |       |       |
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| 1. SITE INFORMATION
 |
| **Site Name**  | **Address** | **Distance from admin. office** **Mi** [ ]  **Km** [ ]   | **Check all that apply for each Site** | **Site Contact** | **Workforce Numbers** |
|  |  |  | Main Site Office | Subsidiary Office | Processing Plant | Bog | **Name** | **Email** | **Telephone** | Full-Time | Part-Time | Seasonal |
|       |       |       | ***[ ]***  | ***[ ]***  | ***[ ]***  | ***[ ]***  |       |       |       |       |       |       |
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| 1. PEAT MOSS PRODUCTION INFORMATION
 |
| **Site Name**  | **Volume Harvested** **ft3** [ ]  **m3** [ ]   | **Blend Media (yes or no)** | **Harvest Area** **Acres** [ ]  **Ha** [ ]   | **Productive Area** **Acres** [ ] **Ha** [ ]   | **Total Area****Acres** [ ] **Ha** [ ]   | **Annual Production Sold (peat moss + mix)** | **Annual Production Sold (other product)** | **Harvest Period****(months)** | **Peak Month** | **Associated Processing Facility****Name / Location** |
|       |       |       |       |       |       |       |       |       |       |       |
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| 1. ENVIRONMENTAL INFORMATION
 |
| **Site Name**  | **Hazardous Materials Stored on Site?** **(yes or no)** | **If YES, type**  | **Facility drains in Fish-bearing Stream (yes or no)** | **Name of Fish-bearing Stream (if applicable)** | **Name of Environmental Regulatory Agency** | **Contact Information of Environmental Regulatory Agency** | **Name of Authority Issuing Business License** | **Site Maps and Aerial Photos Available** **(list type)** |
|       |       |       |       |       |       |       |       |       |
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| **G. DECLARATION** |
| I have completed this application to the best of my ability and the information stated is accurate and complete. I agree to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified. Printed Name: Position in the applying company/organization: Date:  Signature (*electronic or typed accepted*):  |

Please submit your completed Application together with a map or maps of the listed sites/facilities to: Veriflora@scsglobalservices.com or to your primary contact at SCS Global Services.

We look forward to the opportunity to work with you.

# Annex to Responsibly Managed Peatlands Application

Use the tables below if you need additional rows to complete the Application questions.

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| **LABOR CONTRACTORS (Question 26)**  |
| **Name of Labor Contractor** | **Address**  | **Activities performed** | **No. workers provided** |
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| **RECRUITERS (Question 26)**  |
| **Name of labor Recruiter** | **Address** | **Activities performed** | **No. workers recruited** | **Origin of workers** |
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| **SUBCONTRACTORS (Question 32)**  |
| **Name of subcontractor**  | **Address**  | **Distance from admin. office** **Mi** [ ]  **Km** [ ]   | **Activities performed**  |
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| **WORKER HOUSING (Question 33)** |
| **Name of housing site** | **Address**  | **Number of residents during peak period(s)**  |
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