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:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **LABOR CONTRACTORS (if applicable) *Use Annex if you need additional rows*** | | | | | | **Name of Labor Contractor** | **Address** | **Activities performed** | **No. workers provided** | **Products involved** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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](mailto: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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