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** |
| 1. **Date:**
 |
| 1. **Entity Legal Name (to appear on the Sustainably Grown Certificate):**
 |
| 1. **Company legal status:**
 | 1. **Website:**
 |
| 1. **Crop(s) to be included in the scope of certification:**
 |
| 1. **a) Street Address (administrative office where relevant documents are kept)**:
 |
| **b) City and State/Territory:**       | **c) Postal Code:**       | **d) Country:**       |
| 1. **a) Primary Contact (for billing purposes):**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **a) Certification Manager/ Sustainably Grown Contact:**

      | **b) Role/Title:**       | **c) Phone Number:**       |
| **d) Email Address:**       |
| 1. **Brief Description of Company:**
 |
| 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 do you have, if any?**

**Rainforest Alliance** [ ]   **Fair Trade USA** [ ]  **Organic** [ ]  **Non-GMO Project** [ ]   **Other(s) [ ]  (Please list)**      **Food Safety****GLOBALG.A.P.** [ ]  **(Please specify type)**       **PrimusGFS** [ ]  **SQF** [ ]  **Other(s) [ ]  (Please list)**       |
| 1. **Please provide details of the last two food safety audits conducted at your operation(s) below (if applicable):**

**Date of Audit:**       **Audit conducted by:**       **Corresponding certification number:**      **Date of Audit:**       **Audit conducted by:**       **Corresponding certification number:**       |

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| **C. SUSTAINABLY GROWN MARKET** |
| 1. **Please list the countries where you intend to sell Sustainably Grown certified crop(s):**

      |
| 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 [ ]**  **(Please describe)**       |
| 1. **Have you identified any buyers for Sustainably Grown certified product(s)? Yes** [ ]  **No** [ ]

 **If yes, please describe**       |

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| **D. ORGANIZATIONAL STRUCTURE** |
| 1. **Please indicate whether the operation is a single site or multi-site.**
 |
| **[ ]  Single Site [ ]  Multi-Site with common management system**  |
| 1. **The Sustainably Grown Standard (V2.0) includes a separate set of requirements for Producer Groups consisting of small-scale producers. The Producer Group can be organized independently as a cooperative or association, or by a trader or other supply chain actor. In addition, the Group Manager of the Producer Group must comply with a distinct set of indicators, developed to ensure an effective Internal Control System (ICS) is in place and adherence on the part of Producer Group members to the overall standard. In order for a Producer Group to be eligible for certification, the following criteria must be met:**
* **Distinct producers form a Producer Group and adhere to an Internal Control System (ICS) that governs the production and sale of the crop(s) elected to be certified;**
* **Producer Group members are responsible for their respective production sites, and cannot make a certification claim about their product(s) unless sold through the Producer Group;**
* **The Group Manager is responsible for the development and effective implementation of the ICS, and for compliance with applicable requirements;**
* **The crop(s) in scope must be shipped from Producer Group member sites, aggregated at collection points, and subsequently sold by the Group Manager;**
* **The maximum production area per Producer Group member site used to produce the crop(s) in scope must not exceed 20 hectares;[[1]](#footnote-1) and**
* **The number of workers contracted or employed by the Producer Group members does not exceed 5 permanent workers.**1

**Please indicate whether the Producer Group eligibility requirements apply to your company.** **Yes** [ ]  **No** [ ]  **Not sure [ ]  NA [ ]**  |
| 1. **Mark all activities performed by your company:**

**[ ]  Production****[ ]  Processing****[ ]  Packing****[ ]  Storage** |

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| 1. **PRODUCTION INFORMATION (summary)**
 |
| **Product** | **Variety (if applicable)** | **Productive Area (specify acres or hectares)**  | **Post-Harvest Handling (specify activities)** |
|       |       |       |       |
|       |       |       |       |
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| 1. HARVEST INFORMATION
 |
| Product | Single or multiple harvest? (if multiple, use separate row for each) | Start time (month) | End time (month) | Peak (month) |
|       |       |       |       |       |
|       |       |       |       |       |
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| 1. PRODUCTION SITES
 |
| **Name of farm**  | **Address** | **Distance from admin. office** **(miles / km)** | **Contact person** | **Product(s)** | **Productive Area (Acres/Ha)** | **No. permanent workers**  | **No. temporary workers** |
|       |       |       |       |       |       |       |       |
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| 1. **PROCESSOR/HANDLER SITES (IF APPLICABLE)**
 |
| **Site name** | **Address**  | **Distance from admin. office (mi/km)** | **Activities**  | **Product type (input)** | **Product type (output)**  | **No. permanent workers** | **No. temporary workers** |
|       |       |       |       |       |       |       |       |
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| 1. **SUBCONTRACTORS (IF APPLICABLE)**
 |
| **Name of subcontractor**  | **Address**  | **Distance from admin. office (mi/km)** | **Activities performed**  | **Products involved** |
|       |       |       |       |       |
|       |       |       |       |       |
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| 1. **WORKER HOUSING (IF APPLICABLE)**
 |
| **Name of housing site** | **Address**  | **Number of residents during peak period(s)**  |
|       |       |       |
|       |       |       |
|       |       |       |
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| **E. WORKFORCE OVERVIEW** |
| 1. **Total number of workers and management employed:**

**Permanent/Full-time:**       **Temporary/Seasonal (local):**       **Temporary/Seasonal (migrant):**       **Subcontracted:**       |
| 1. **If migrant workers are employed, where are they traveling from?**
 |
| 1. **Are labor contractors or labor recruiters used?** Yes [ ]  No [ ]

**If yes, please list each contractor/recruiter and specify services provided):**       |
| 1. **Is there worker representation in place?** Yes [ ]  No [ ]  **Workers’ association?** Yes [ ]  No [ ]
 |
| 1. **Is a collective bargaining agreement in place?** Yes [ ]  No [ ]
 |
| 1. **What are the predominant language(s) spoken by the workforce (include estimated percentages)?**       **By the workforce management (if different)?**
 |
| 1. **What is the gender balance of the workforce (include estimated percentages)?**      ,
 |
| 1. **Method of pay for non-supervisory workers: Hourly** [ ]  **Piece-rate** [ ]  **Salary** [ ]  **Other** [ ]  **(please 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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| **F. 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 three month(s) of the year are most 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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| **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*):  |

1. In certain instances, an exception may be made, provided that the productive area features and/or workforce features are generally consistent and representative of the overall group characteristics. [↑](#footnote-ref-1)