

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

### 1. COMPANY INFORMATION

Company Name *(as it would appear on a contract)*:

Street:

City:

State/Province:

Postal Code:

Country:

Main Phone:

Website:

Brief Company Description:

### 2. PRIMARY CONTACT PERSON

First Name:

Last Name:

Title:

Direct Phone:

Email:

**Section 2: Product Information**

**PRODUCT 1**

Product Category:

Product Lines/Brands:

**MANUFACTURING SITES**

Facility Name	Contract Facility? (Yes or No)	Location (City and Country)
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**PRODUCT 2**

Product Category:

Product Lines/Brands:

**MANUFACTURING SITES**

Facility Name	Contract Facility? (Yes or No)	Location (City and Country)
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**PRODUCT 3**

Product Category:

Product Lines/Brands:

**MANUFACTURING SITES**

Facility Name	Contract Facility? (Yes or No)	Location (City and Country)
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### Section 5: 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:**

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Please press SUBMIT to email this application or save and email to:

[IAQcertified@scsglobalservices.com](mailto:IAQcertified@scsglobalservices.com)

Phone: 510-452-8000 | Fax: 510-452-6883

We will be in touch as soon as possible.