

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:

3. COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES *(parent co, subsidiaries)*

Company Name:

Corporate Relationship:

Has the company worked with SCS previously?

Yes

No

Which service, or services, did you use?

4. COMPANY LEGAL STATUS *(e.g. INC., LLC., GMBH, LTD., NGO)*

What is the legal status of your company?

Section 2: Type of Assessment Desired

Please indicate which type of service which you are interested in:

Environmental Product Declaration

Whole Building LCA

Environmentally Preferable Product Certification

Product Category Rule development

Certified Eco Footprint

Life Cycle Assessment Evaluation

Life Cycle Screening

Other Service (please describe below)

Section 3: Description

Please describe, in as much detail as you are able, the service you are requesting and any products or services it will be applied to.

Section 4: General Information

1. What factors contributed to your interest in SCS Global Services?

Compliance	Strategy
Customer Interest	Buyer Requirement
Supplier Programs	Other

2. Would you like information on any of our other services?

Climate <i>(Carbon Offset, Carbon Footprint, etc.)</i>	Responsible Forestry <i>(FSC, PEFC, Chain of Custody, Timber Legality, etc.)</i>
Environmental Claims <i>(Product Certification, Life Cycle Assessment, etc)</i>	Sustainable Seafood <i>(MSC, ASC, Chain of Custody, Seafood Safety, etc.)</i>
Food and Agriculture <i>(Safety, Testing, Sustainability, etc)</i>	Sustainability Services <i>(Consulting, Supply Chain, Sustainability Metrics, etc.)</i>

3. How did you learn about SCS Global Services? Who referred you to SCS Global Services?

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:

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

IAQcertified@scsglobalservices.com

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

We will be in touch as soon as possible.

Thank you for choosing SCS.