

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: Certification Information

Types of services required

FSC Controlled Wood

LegalHarvest™ Verification

FSC Forest Management Preliminary Evaluation
(Pre-Assessment)

FSC Forest Management Full Assessment

FSC Forest Management Certificate Transfer

Not sure/Other *(please describe below)*

Section 2: Certification Information

How would you assess your company's level of preparedness for a forest management assessment?

New to this process

Previously certified/audited

Comments:

Desired date /time frame for certification assessment:

Desired date / time for award of certification (if warranted):

Section 3: Forest Management Unit Information

Type of Forest Management Operation (check all that apply)

Private Company/Landowner

Public Agency/Land Manager

Community Forest

Group Forest Management (multiple, independent forest management units (FMU) managed by a single entity)

Multi-Site Forest Management (more than one FMU owned and managed by the same forest management enterprise)

Other *(please describe below)*

Size of Forest Management

Total Forest Area:

Annual Allowable Harvest:

Productive Forest Area:

Number of Forest Management Units:

Travel time between Forest Management Units:

Forest Landscape Characteristics

Forest Type:

Location of forest management unit: (nearest major city, county, state or province):

Forest Management History

Year Most Forestlands Acquired:

Year plantations established (if applicable):

Section 3: Forest Management Unit Information (Continued):

Multi-Site Group Clients (please list all participating forest sites):
 If necessary, please attach additional documentation listing all group members/participating sites.

FMU ¹ name	FMU Location	FMU Area (Acres or Hectares)	Forest type (natural, plantation, community managed, etc)	Annual Harvest (m ³ or other units)
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Additional Project Information (e.g. history, background, structure of group management, etc.)

Does your company currently purchase any FSC certified material (e.g. logs or lumber) and pass that material on to the customer with an FSC claim?

Yes **No**

Are there any primary or secondary wood processing facilities located within the FMU or otherwise associated with the Forest Management Organization?
 (e.g. facilities may include a chipping operation, portable or permanent sawmill, veneer mill, pulp mill, etc.)

Yes **No**

If **yes**, please describe the facility associated with the forest management unit under assessment: (Please include location, size, type of operation and ownership. Depending on the type of facility, a separate chain-of-custody audit may be required.)

This application is for All or **SOME** of the forestlands owned or managed by your company.
 If some, please list the forestlands which are not under the scope of the audit and explain the reason for their exclusion.
 Please also explain how certified and non-certified products will be kept separate:

Section 4: General Information

1. What factors contributed to your interest in SCS services?

- | | |
|-------------------|-------------------|
| Compliance | Strategy |
| Customer Interest | Buyer Requirement |
| Supplier Programs | Other |

2. Would you like information on other SCS Services?

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

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

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:
Brendan Grady Director, Forest Management
bgrady@scsglobalservices.com
Phone: 510-452-8034 | Fax: 510-452-6882

We will be in touch as soon as possible.
Thank you for choosing SCS.