

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: Product Information**

Please provide the following information for the products you would like to have assessed for certification. Product lines may be listed to help summarize an extensive scope of products.

**Product Categories** – may include: polymer scrap, resin, fiber, fabric, apparel

**Key Material Types** – examples include: 100% recycled nylon 6, 100% recycled nylon 66, rPET, 50% organic cotton/50% rPET, 80% post-consumer PET / 20% pre-consumer PET, etc.

**PRODUCT #1**

Product Brand Name:

Product Category:

Key Material Types:

Site(s) where manufactured:

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**PRODUCT #2**

Product Brand Name:

Product Category:

Key Material Types:

Site(s) where manufactured:

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**PRODUCT #3**

Product Brand Name:

Product Category:

Key Material Types:

Site(s) where manufactured:

*Use additional sheets as necessary.*

## Section 3: Manufacturing Facilities

Please identify all manufacturing facilities and the products from each facility that you would like to have assessed for certification. Also, please describe the type of operations performed at each facility pertinent to the product(s) (such as: waste material collection, resin production, textile spinning, knitting, milling, sewing, etc.).

### FACILITY #1

Products Manufactured in this Facility:

Type of Operations Performed:

Street Address:

City:

State/Province:

Postal Code:

Country:

### CONTACT PERSON

First Name:

Last Name:

Phone:

Fax:

Email:

Is this a contract facility?

**Yes**

**No**

### FACILITY #2

Products Manufactured in this Facility:

Type of Operations Performed:

Street Address:

City:

State/Province:

Postal Code:

Country:

### CONTACT PERSON

First Name:

Last Name:

Phone:

Fax:

Email:

Is this a contract facility?

**Yes**

**No**

*Use additional sheets as necessary.*

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

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

Phone: 510-452-8000 | Fax: 510-452-6887

We will be in touch as soon as possible.

**Thank you for choosing SCS.**