



Application Form

SCS Certified Flavor Rich™ Program

V1-1



Instructions

Please complete the following application for the SCS Certified Flavor Rich™ program and return it by email, fax or mail to SCS Food & Agriculture:

Scientific Certification Systems
2000 Powell Street, Suite 600
Emeryville, CA 94608

Tel: 510-452-8019
Fax: 510-452-8001
Email: food@scscertified.com

GENERAL INFORMATION

1. Full Name of Business Applying for Certification

2. Contacts

Primary: _____ Secondary: _____

Title: _____ Title: _____

Phone Numbers (with area codes) Phone Numbers (with area codes)

Office: _____ Office: _____

Fax: _____ Fax: _____

Mobile: _____ Mobile: _____

E-mail: _____ E-mail: _____

3. Addresses

Physical: _____ Mailing/Billing: _____

PRODUCT INFORMATION

4. Fill in below for the produce items under consideration for SCS Flavor Rich™ certification.

Produce	Variety	Harvest Start (Date)	Season Ends (Date)	Label Names

AFFIRMATION

5. 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 this program, I agree to supply any information that is deemed necessary for the audit of the products under consideration, as well as to comply with all relevant requirements.

Date:

Name:

Title:

Signature: _____

(For Office Use Only)