

Application Form: Indoor Air Quality

Indoor Advantage™, Indoor Advantage™ Gold, & FloorScore® Certification

In accordance with SCS-EC10.2-2007

V1-0



The information provided in this Application will help SCS to determine your eligibility for Indoor Air Quality certification and the associated assessment costs. As soon as we process your application, we will provide you with our proposal via e-mail. No charges will be incurred until a Work Order is executed.

Please provide as much information as possible to ensure an accurate estimate for certification services.

Internal reference: US CH EU OTH

SECTION 1: CERTIFICATION INFORMATION

PLEASE INDICATE WHICH CERTIFICATION(S) YOU ARE APPLYING FOR:

<input type="checkbox"/> Indoor Advantage™	Applicable for: Office Furniture Systems, Components, and Seating Based on: ANSI/BIFMA Furniture Emissions Standards M7.1 and X7.1-2007
<input type="checkbox"/> Indoor Advantage™ Gold	Applicable for: Office Furniture and Seating; Paints and Coatings; Adhesives and Sealants; Carpet; Insulation; Wall Coverings, and other Interior Products. Based on: CA Section 01350 Specification and USGBC LEED Rating System Criteria
<input type="checkbox"/> FloorScore	Applicable for: Hard-Surface Flooring and Flooring Adhesives Based on: CA Section 01350 Specification

SECTION 2: COMPANY INFORMATION

1. Legal Company Name <i>(as it would appear on certificate):</i>			
2. Other Company Names <i>(if any):</i>		3. Company Legal Status:	
4. Contact Information:			
Street:			
City:		State/Province:	Zip:
Main Phone:		Country:	
FAX:		Website:	
5. Primary Contact Person:			
Full Name:		Title:	
Direct Phone:		FAX:	
Mobile Phone:		E-mail:	
Physical Address <i>(if different from above):</i>		Street: City/State/Zip/Country:	
6. Technical Contact Person <i>(If different from above):</i>			
Full Name:		Title:	
Direct Phone:		FAX:	
Mobile Phone:		E-mail:	
Physical Address <i>(if different from above):</i>		Street: City/State/Zip/ Country:	

SECTION 2: COMPANY INFORMATION (CONTINUED)

7. Billing Contact Person (If different from above):

Full Name:		Title:	
Direct Phone:		FAX:	
Mobile Phone:		E-mail:	
Physical Address (if different from above):	Street: City/State/Zip/ Country:		

SECTION 3: 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: Office Furniture and Seating; Paints and Coatings; Adhesives and Sealants; Carpet; Insulation; Wall Coverings, and other Interior Products

Product Subcategories: Please provide a descriptive subcategory, if applicable. Examples for specific categories:
Office Furniture – e.g. Caseloads, Classroom, Movable Walls, Seating, Storage, Systems, Tables/Worksurfaces
Hard Surface Flooring (sheet or tile) – e.g. Adhesive, Bamboo, Ceramic/Stone, Cork, Laminate, Linoleum, Polymeric, Rubber, Vinyl, Vinyl Composition Tile, Wall Base and Stair Tread, Wood

Key Material Types: e.g. Chemicals, Composite Wood, Fiber/Textile, Glass, Metals, Plastics, Wood / Wood Veneer

Product # 1:

Product Brand Name:	
Product Category / Subcategory:	
Key Material Types:	
Site(s) where manufactured:	

Product # 2:

Product Brand Name:	
Product Category / Subcategory:	
Key Material Types:	
Site(s) where manufactured:	

Product # 3:

Product Brand Name:	
Product Category / Subcategory:	
Key Material Types:	
Site(s) where manufactured:	

Use additional sheets as necessary.

SECTION 4: 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, but not limited to: injection molding, stamping, milling, chemical production and/or production of subassemblies, ingredients, final product, etc.).

Facility # 1:

Products Manufactured in this Facility:					
Type of Operations Performed:					
Street Address:					
City:	State/Province:	Zip:			
Country:					
Contact Person:	Title:				
Phone:	FAX:				
E-mail:				Is this a contract facility?	Y/N

Facility # 2:

Products Manufactured in this Facility:					
Type of Operations Performed:					
Street Address:					
City:	State/Province:	Zip:			
Country:					
Contact Person:	Title:				
Phone:	FAX:				
E-mail:				Is this a contract facility?	Y/N

Facility # 3:

Products Manufactured in this Facility:					
Type of Operations Performed:					
Street Address:					
City:	State/Province:	Zip:			
Country:					
Contact Person:	Title:				
Phone:	FAX:				
E-mail:				Is this a contract facility?	Y/N

Use additional sheets as necessary.

SECTION 5: GENERAL INFORMATION**8. How did you identify Scientific Certification Systems (SCS) to provide this service?**

- SCS website
- Referral from:
- Heard SCS speak at a conference:
- Other:

9. SCS provides a number of certification services and certified environmental claims. Please check the box next to those services that may be of additional interest to your company.

- | | |
|---|---|
| <input type="checkbox"/> level™ - the BIFMA sustainability standard | <input type="checkbox"/> Life Cycle Assessment (LCA) |
| <input type="checkbox"/> Forest Stewardship Council (FSC) | <input type="checkbox"/> Certified Reduced Impact Product |
| <input type="checkbox"/> calCOMpliant™ | <input type="checkbox"/> Environmentally Preferable Product (EPP) |
| <input type="checkbox"/> Recycled Content | <input type="checkbox"/> Carbon Footprint Verification |
| <input type="checkbox"/> Reclaimed or Salvaged Material | <input type="checkbox"/> Other Environmental claims |

Please specify:

10. Additional information or comments:**SECTION 6: 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, as well as to comply with all relevant standards.

Print Name:

Signature:

Title:

Date:

Please return this application and address any questions to:

Samantha Poblitz, Program Coordinator

E-mail: spoblitz@scscertified.com

Phone: 510-452-8050

Fax: 510-452-8001

As soon as we process your application, we will provide you with our proposal via e-mail.

Thank you for choosing SCS.