



**Recycling Program Certification
Application**

FOR SCS USE ONLY	
ID #:	_____
WO #	_____
DATE: _____	INITIALS: _____

The purpose of this Application is to collect the information necessary to determine eligibility for a Recycling Program Certification assessment and to establish approximate pricing of the assessment. No charges will be incurred until a contract and a work order are officially authorized.

Please provide as much information as possible so an accurate estimate for certification services can be established.

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

SECTION 2. PROGRAMS AND/OR FACILITIES

Please identify all programs/ facilities that you would wish to be assessed. Please refer to definitions below.

Material Recycling Program: A service or system administered for the purposes of reclaiming and/or recycling materials.

Material Recycling Facility: Refers to an industrial operation that processes reclaimed waste into useable material.

Program/Facility # 1:

Street Address:			
City:	State/Province:	Zip:	
Country:			
Contact Person:	Title:		
Phone:	FAX:		
E-mail:	Is this a contract facility?	Y/N	
Type of Operations Performed:			
Claim:	<input type="checkbox"/> Material Recycling Program <input type="checkbox"/> Material Recycling Facility		

Program/Facility # 2:

Street Address:			
City:	State/Province:	Zip:	
Country:			
Contact Person:	Title:		
Phone:	FAX:		
E-mail:	Is this a contract facility?	Y/N	
Type of Operations Performed:			
Claims:	<input type="checkbox"/> Material Recycling Program <input type="checkbox"/> Material Recycling Facility		

Program/Facility # 3:

Street Address:			
City:	State/Province:	Zip:	
Country:			
Contact Person:	Title:		
Phone:	FAX:		
E-mail:	Is this a contract facility?	Y/N	
Type of Operations Performed:			
Claims:	<input type="checkbox"/> Material Recycling Program <input type="checkbox"/> Material Recycling Facility		

Use additional sheets as necessary

SECTION 3. GENERAL INFORMATION

1. How did you learn about Scientific Certification Systems (SCS) certification service?

- Read about SCS Heard SCS speak at conference:
 Referral from: Web Pages Other:

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

3. Additional information or comments:

SECTION 4. 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 (*electronic accepted*):

Title:

Date:

Please return this application to (e-mail preferred):

E-mail: materialcontent@scscertified.com

Phone: 510-452-8000

Fax: 510-452-6887

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

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Thank you for choosing SCS.