



# Application Form calCOMpliant™

APPROVED TPC #9 — California Air Resources Board  
Airborne Toxic Control CARB ATCM 93120  
V2-2

GENERAL COMPANY INFORMATION		Internal reference: <input type="checkbox"/> US <input type="checkbox"/> CH <input type="checkbox"/> EU <input type="checkbox"/> OTH
1. Legal company name: <i>(as it would appear on the CARB ATCM certificate)</i>		
2. Other names (if any) and company legal status:		
3. Primary address: Street: City, State/Province, Postal Code: Country:		
4. Name of contact person(s):		
5. Phone:		
6. Fax:		
7. E-mail:		
8. Website:		
9. Name of Accounts Payable Contact		
10. Phone:		
11. Composite wood product type- <i>Check all that apply</i>		
<input type="checkbox"/> Hardwood Plywood Composite Core (HWPW-CC) <input type="checkbox"/> Hardwood Plywood Veneer Core (HWPW-VC) <input type="checkbox"/> Particleboard (PB) <input type="checkbox"/> Medium Density Fiberboard (MDF) <input type="checkbox"/> Thin Medium Density Fiberboard (tMDF)		
12. Indicate the resin type used in your product:		
<input type="checkbox"/> Contains Formaldehyde <input type="checkbox"/> Ultra Low Emitting Formaldehyde (ULEF) <input type="checkbox"/> No-Added Formaldehyde (NAF)		

<b>FACILITIES</b>	
<b>1. Mill Name (#1)</b>	
<b>Primary address:</b> <div style="text-align: right; margin-right: 100px;">Street:</div> City, State/Province, Postal Code: <div style="text-align: right; margin-right: 100px;">Country:</div>	
<b>2. Name of contact person(s):</b>	
<b>3. Phone:</b>	
<b>4. Fax:</b>	
<b>5. E-mail:</b>	
<b>6. Does your mill have CARB-approved Quality Control testing facilities onsite?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7. If yes, which type?</b>	
<b>1. Mill Name (#2)</b>	
<b>2. Primary address:</b> <div style="text-align: right; margin-right: 100px;">Street:</div> City, State/Province, Postal Code: <div style="text-align: right; margin-right: 100px;">Country:</div>	
<b>3. Name of contact person(s):</b>	
<b>4. Phone:</b>	
<b>5. Fax:</b>	
<b>6. E-mail:</b>	
<b>7. Does your mill have CARB-approved Quality Control testing facilities onsite?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. If yes, which type?</b>	
<b>1. Mill Name (#3):</b>	
<b>2. Primary address:</b> <div style="text-align: right; margin-right: 100px;">Street:</div> City, State/Province, Postal Code: <div style="text-align: right; margin-right: 100px;">Country:</div>	
<b>3. Name of contact person(s):</b>	
<b>4. Phone:</b>	
<b>5. Fax:</b>	
<b>6. E-mail:</b>	
<b>7. Does your mill have CARB-approved Quality Control testing facilities onsite?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. If yes, which type?</b>	

**USE ADDITIONAL SHEETS AS NECESSARY**

**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.

**Name:**

**Signature:**

**Title:**

**Date:**

Please return this application to:  
Samantha Poblitz, Program Coordinator  
E-mail: [spoblitz@scscertified.com](mailto:spoblitz@scscertified.com)  
Phone: 510.452.8050  
Fax: 510.452.8001

**Thank you for choosing SCS.**