



Application Form calCOMpliant™

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

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)		

FACILITIES	
1. Mill Name (#1)	
Primary address: <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>	
2. Name of contact person(s):	
3. Phone:	
4. Fax:	
5. E-mail:	
6. Does your mill have CARB-approved Quality Control testing facilities onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. If yes, which type?	
1. Mill Name (#2)	
2. Primary address: <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>	
3. Name of contact person(s):	
4. Phone:	
5. Fax:	
6. E-mail:	
7. Does your mill have CARB-approved Quality Control testing facilities onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. If yes, which type?	
1. Mill Name (#3):	
2. Primary address: <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>	
3. Name of contact person(s):	
4. Phone:	
5. Fax:	
6. E-mail:	
7. Does your mill have CARB-approved Quality Control testing facilities onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. If yes, which type?	

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 (electronic accepted):

Title:

Date:

Please return this application to (emailed preferred):

E-mail: IAQcertified@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.

Thank you for choosing SCS.