****

**Application Form for FSC® Chain of Custody (CoC)**

**Please complete electronically and return by e-mail (where possible)**

|  |
| --- |
| **CONTACT INFORMATIONS** |
| **NAME OF ORGANIZATION APPLYING AND LEGAL STATUS**(please use full name of organization with e.g. Ltd., Inc, SAC, SA, SARL, BV) |  |
| **ADDRESS OF ORGANIZATION**(Street, post code, town, province, country, P.O. Box) |  |
| **ORGANIZATION’S LEGAL REPRESENTATIVE** |  |
| **ORGANIZATION’S CONTACT PERSON**(complete if different from Legal Representative)**TELEPHONE / FAX NUMBER:****EMAIL:****WEBSITE:** |  |
| **Brief description of the Organization’s Activities and Products** |  |

|  |
| --- |
| **APPLICANT DETAILS AND CERTIFICATE SCOPE** |
| **☐Applying for the first time** | **☐ Applied before** *(with CUC or another Certification Body)* |
| Please describe below the applicable business category (please check all that apply): |
| **☐ Classic Single certificate (only one site)** | **☐Multiple sites certificate(more than one site – please indicate below which type)** |
| **☐Multisite certificate** | **☐Group certificate** | **☐Single certificate with multiple sites**  |
| Please describe below the applicable business category (please check all that apply): |
| **☐ Primary processor** (*uses round wood (logs) as input)* | **☐ Secondary processor** (*all other manufacturing)* | **☐ Printing and related services** | **☐ Publishing activities** | **☐ Logging** |
| **☐Gathering of non-wood products** | **☐ Broker/trader** (*with physical possession of products)* | **☐ Broker/trader** (*without physical possession of products)* | **☐ Distributor/ wholesaler** | **☐ Retailer** (*sale of finished goods)* |
| Are you requesting for a **transfer of your current FSC COC Certificate**?☐YES ☐NO | Certificate Code: |
| Reason of changing certification body: |

|  |
| --- |
| Please describe below all sites to be included on the certificate, as well as their address, business category (see above for categories), number of employees and AAF class (see table below). **For Group or Multisite certificate please describe all processing** units including the central administration office.  |
| **Facility/Site Name** | **Location (physical address**(*incl. country and contact person*) | **Type of operation/business category** (*see above*) | **No. of employees**  |
|  |  |  |  |
|  |  |  |  |
| *[Add more rows or additional sheet if necessary]* |

|  |
| --- |
| **PLANNED SCOPE OF CERTIFICATE** |
| **INPUTS**Please indicate the material you plan to use for certified product groups | **☐ FSC certified material** *(from FSC-certified suppliers*) |
| **☐ FSC Controlled wood**(*controlled material that complies with FSC Controlled Wood requirements FSC-STD-40-005 or FSC-STD-30-010* and is sourced with a CW-code) |
| **☐Controlled material** (*non-certified inputs that have to comply with FSC Controlled Wood requirements FSC-STD-40-005*) |
| **☐ Reclaimed material** (*non-certified inputs that have to comply with FSC requirements for reclaimed material inputs FSC-STD-40-007*) |
| **OUTPUTS**Please mention products you want to get certified for your sale and their material category (FSC 100%, FSC Mix, FSC Recycled, FSC Controlled Wood) |  |
| **☐**Please tick box in case **sale of FSC Controlled wood** is planned (*ONLY to FSC COC companies*) |
| **Outsourcing**Do you plan to outsource any part of FSC production to subcontracted facilities?☐YES ☐NO | **Company Name** | **Outsourcing Activities** | **FSC Certified**  |
|  |  | ☐YES ☐NO |
|  |  | ☐YES ☐NO |
|  |  | ☐YES ☐NO |
|  |  | ☐YES ☐NO |
| *[Add more rows or additional sheet if necessary]* |

|  |
| --- |
| **ANNUAL TURNOWER FROM WOOD/WOOD BASED PRODUCTS** |
| This information is used to calculate **FSC Annual Administration Fee (AAF)** which is based on the annual financial turnover(refers to the most recently completed fiscal year) of all certified and non-certified products containing wood or wood fiber components, If multiple sites are covered under a single certification combine the total annual turnover of all sites to determine the size class |
| ☐  | Class 1(Annual Turnover < 200,000 USD) | ☐  | Class 6(Annual Turnover > 100 – 500 Million USD) |
| ☐  | Class 2(Annual Turnover 200,000 – 1,000,000 USD) | ☐  | Class 7(Annual Turnover > 500 – 1,000 Million USD) |
| ☐  | Class 3(Annual Turnover > 1 – 5 Million USD) | ☐  | Class 8(Annual Turnover > 1,000 – 2,000 Million USD) |
| ☐  | Class 4(Annual Turnover > 5 – 25 Million USD) | ☐  | Class 9(Annual Turnover > 2,000 – 3,000 Million USD) |
| ☐  | Class 5(Annual Turnover > 25 – 100 Million USD) | ☐  | Class 10 and 10 +(Annual Turnover > 3,000 Million USD) |
| Note: The AAF is determined each year based on the FSC AAF policy and the size classes above are as per the current version of the policy document (FSC-POL-20-005 V2-1). The provided information will be confirmed during the audit.  |

**The undersigned declares to have completed this Application Form truthfully**

|  |
| --- |
| **ORGANIZATION NAME** |
| **LEGAL REPRESENTATIVE**(The person in the organisation, accepted by the Chamber of Commerce registration as assignment authorised.) |
| **DATE & SIGNATURE** |

**Note:**

**Please send us copies of documents to prove the legal status of your organization along with this application. (Eg: Business registration certificate/ Chamber of Commerce registration certificate)**

**Based on the above information, Control Union Certifications will draw up a no-obligation offer for a contract.**

**PLEASE SEND TO:**

Control Union Certifications B.V

Meeuwenlaan 4-6

P. O. Box 161

8000 AD Zwolle

Tel.: +31 (0)38 - 426 - 0100

Fax: +31 (0)38 - 426 - 7040

Email: certification@controlunion.com