****

**APPLICATION FORM for PEFC**

**Chain of Custody (COC) certification**

|  |  |
| --- | --- |
| **NAME OF COMPANY APPLYING AND LEGAL STATUS (corporate entity)**  *(please use full name of company with e.g. Ltd., Inc, SAC, SA, SARL, BV)* | **ADDRESS OF COMPANY**  *(Street, post code, town, province, country, P.O. Box)* |
| **COMPANY’S LEGAL REPRESENTATIVE**  *(name of person and function)* | **COMPANY’S CONTACT PERSON**  *(complete if different from Legal Representative)* |
| **TELEPHONE:**  **FAX NUMBER:** | **EMAIL** (and/or website) |
| **CHAMBER OF COMMERCE** | **BANK ACCOUNT NUMBER** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Applying for the first time** | |  | **Indicate changes** (if you are already a CU client) | |
| |  |  | | --- | --- | |  | **Multisite** | |  | **Single** | |

**1. Company’s background**

|  |
| --- |
| Please describe below all the business types applicable you want to have certified (whether primary processing:  lumber, pulp/paper,plywood/veneer, etc., secondary processing: furniture, doors and windows, flooring, etc.,  distributer: broker, retailer, etc.). |

**2. Company’s facilities**

Please describe below the activities of all processing units (sites), including the central administration office. If it concerns changes mention all the units and indicate which one is changed, added or withdrawn.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site number** | **Name of site** | **Location** | **Process(-es)** | **Nr. of employees** | **Changes**  (if applicable) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

|  |
| --- |
| In case of Multi site, give the name of the central office and person in charge of the internal control |
|  |

**3. Products**

**Please mention products you want to get certified**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site number (see under 2)** | **Product type(s) and product code(s) per site** | **CoC Method applied (Sections 6.2, 6.3.3.4)** | | | **Transfer calculated percentage to output (Section 6.3.4)** | | **Origin "PEFC Certified material" (Appendix 1)** | | | | | | **PEFC claim (Appendix 1)** | | | | **Expected trade-mark use?** | | **Changed, Added or Withdrawn?** |
| **Physical Separation** | **Simple percentage** | **Rolling percentage** | **Average percentage** | **Volume Credit** | **100% PEFC certified** | **x% PEFC certified** | **Other scheme:** | **Neutral Material** | **Other material** | **Recycled material** | **100% PEFC certified** | **% PEFC certified** | **Recycled material** | **PEFC Controlled Sources** | **On-product** | **Promotional** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**4. Please describe the access to each of all processing units mentioned** (e.g. travel time between units,

if applicable estimated time needed for travelling from nearest airport etc.)

**5. Has the project ever been registered, inspected or certified before by an Inspection/Certification Body for FSC/PEFC certification? For any other quality management system certification?**

|  |
| --- |
| If YES, please mention: the name of the inspection and/or certification body, year of application, the previous registration number, reason of changing inspection/certification body. Please enclose relevant documents concerning the previous inspection(s) / certification(s) (inspection report, certificate etc.) |

**6. Please attach your actual Chain of Custody documented procedures.**

**Undersigned declares to have completed this Application form truthfully**

|  |
| --- |
| **NAME COMPANY** |
| **LEGAL REPRESENTATIVE**  (The person in the company, authorized by the Chamber of Commerce) |
| **DATE & SIGNATURE** |

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

**SEND TO:**

Control Union Certifications

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](mailto:certification@controlunion.com)