



APPLICATION

IDFL / International Down Standard (IDS)

IDFL - FF - 7.2 A (1)
Date: March 2020

INSTRUCTIONS:

Please completely fill in all applicable information (section 1-7) and send applications to IDFL at audits@idfl.com. If known, please also copy regional certification manager / auditor.

Section 1 Applicant Information
Section 2 Payer Information
Section 3 Standard
Section 4 Products
Section 5 Facilities and Processes

Section 6 Slaughterhouse (Meat Processor) Facilities***
Section 7 Individual Farm Certification***
Section 8 Farm Group Certification***
Section 9 Farm Area Certification***
Section 10 Brand Certification (*Brand / Retailers Only*)

*** Only applicable to those with slaughterhouse or farms in scope of certification.

SECTION 1. APPLICANT INFORMATION

Company Name:	
Company Name (English):	
Address:	
City:	
Country:	
Contact Person:	
Title:	
Phone No.:	
Email:	

SECTION 2. PAYER INFORMATION

Payment Currency	<input type="checkbox"/> USD <input type="checkbox"/> RMB <input type="checkbox"/> EURO <input type="checkbox"/> TWD
<i>NOTE: If the payer company is different than the applicant company, please provide the below information:</i>	
Company Name:	
Company Name (English):	
Address:	
City:	
Country:	
Contact Person:	
Title:	
Phone No.:	
Email:	

SECTION 3. IDFL + International Down STANDARD

Standard	<input type="checkbox"/> IDFL / International Down Standard (IDS)
Certification Status	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal Certification

IDFL
1455 South 1100 East
Salt Lake City, UT 84105 USA
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Fax: +1 801 467 7711
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taiwan@idfl.com

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Page 1 of 9

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SECTION 4. PRODUCTS

INSTRUCTIONS:

Please provide the following information:

- **Product Category**
 - Examples: Raw Material (Filling), Home Textiles, Bedding, Garments, Sleeping Bags, Boots, Accessories, etc.
- **Material / Product**
 - If the product category is raw materials (filling), choose the material types that will be processed.
 - If the product category is a finished product (i.e. bedding, garments, etc.), choose the filling type for that product.

Product Category	Material / Filling Type (Choose all that apply)	
	<input type="checkbox"/> White Duck Down and Feather	<input type="checkbox"/> White Goose Down and Feather
	<input type="checkbox"/> Grey Duck Down and Feather	<input type="checkbox"/> Grey Goose Down and Feather
	<input type="checkbox"/> White Duck Down and Feather	<input type="checkbox"/> White Goose Down and Feather
	<input type="checkbox"/> Grey Duck Down and Feather	<input type="checkbox"/> Grey Goose Down and Feather
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If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.



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SECTION 5. FACILITIES AND PROCESSES

INSTRUCTIONS:

Please provide the following information for all facilities that trade / handle / process certified products in this scope of certification. This includes the applicant information and may include other facilities' information such as offices, sub-contractors, distribution centers, and/or suppliers that will be included in the same scope of certification.

NOTE: For slaughterhouse or farm certifications, see Section 6-8

- List of Activities / Processes:** Examples - Collecting, Down Processing (Sorting, Washing, Mixing, Blending), Manufacturing, Printing, Trading (buy and sell, no processing), Storing, Importing, Exporting, Administration, Subcontractor, etc.

Are there any subcontractor facilities that trade / handle / process certified products in this scope of certification? If so, please indicate by noting in the List of Activities / Processes.

☐ YES ☐ NO

Facility Name	Facility Address	Responsible Contact	List of Activities / Processes	Certified Previously (Y/N)

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Page 3 of 9

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**SECTION 6. SLAUGHTERHOUSE (MEAT PROCESSOR) FACILITIES****INSTRUCTIONS:** ***Only applicable to those with slaughterhouse in scope of certification.

Please provide the following information for all individual slaughterhouse facilities that will handle certified waterfowl and products in this scope of certification.

- **Waterfowl:** Please list all waterfowl types that the slaughterhouse will be handling. Examples – White Duck, Grey Duck, White Goose, Grey Goose.
- **Number of Waterfowl Slaughtered per year:** Please provide an estimated number of waterfowl slaughtered annually for each waterfowl type.
- **List of Activities / Processes:** Examples – Slaughtering, Transport, Down Processing, etc.

Facility Name	Facility Address	Responsible Contact	Waterfowl Type	Number of Waterfowl Slaughtered per year	List of Activities / Processes	Certified Previously (Y/N)

If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.

SECTION 7. INDIVIDUAL FARM CERTIFICATION

INSTRUCTIONS: ***Only applicable to those with individual farms in scope of certification.

Please provide the following information for all individual farms that will handle certified waterfowl in this scope of certification.

- **Waterfowl Type / Species:** Please list all waterfowl types that the farm will be raising. Examples – White Duck, Grey Duck, White Goose, Grey Goose. If possible, please provide the species as well.
- **Number of waterfowl raised per year:** Please provide an estimated number of waterfowl raised annually for each waterfowl type.
- **List of Activities / Processes:** Examples – Farm Production (Growing), Farm Production (Breeding), Hatching, Transport, Slaughtering, etc.

[illegible]

If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.

**SECTION 8. FARM GROUP CERTIFICATION****INSTRUCTIONS:** ****Only applicable to those with farm groups in scope of certification.*

Please provide the following information for all individual farm groups that will handle certified waterfowl in this scope of certification.

- **Farm Group Name:** Please provide a name for this farm group. Example – “ABC Company Farm Group (White Duck)”
- **Waterfowl Type / Species:** Please list all waterfowl types that the farm group will be raising. Examples – White Duck, Grey Duck, White Goose, Grey Goose. If possible, please provide the species as well.
- **Number of waterfowl raised per year:** Please provide an estimated number of waterfowl raised annually for each waterfowl type.
- **Number of Waterfowl Slaughtered per year:** Please provide an estimated number of waterfowl slaughtered annually for each waterfowl type.
- **List of Activities / Processes:** Examples – Farm Production (Growing), Farm Production (Breeding), Hatching, Transport, Slaughtering, etc.

Farm Group Name	Responsible Contact	Number of Farm Group Members	Number of Parent Farms in group, if any	Waterfowl Type/ Species	Number of waterfowl raised per year.	Number of waterfowl slaughtered per year, if any.	List of Activities / Processes	Certified Previously (Y/N)

If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.

**SECTION 9. FARM AREA CERTIFICATION**

INSTRUCTIONS: ***Only applicable to those with farm areas in scope of certification.

Please provide the following information for all individual farm groups that will handle certified waterfowl in this scope of certification.

- **Farm Area Name:** Please provide a name for this farm area. Example – “ABC Company Farm Area”
- **Waterfowl Type / Species:** Please list all waterfowl types that are collected within the area. Examples – White Duck, Grey Duck, White Goose, Grey Goose. If possible, please provide the species as well.
- **List of Activities / Processes:** Examples – Collecting, Down Processing, etc.

Farm Area Name	Responsible Contact	Number of Collectors	Name of Areas or Region	Waterfowl Type/ Species	List of Activities / Processes	Estimate amount of material collected per year	Certified Previously (Y/N)

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SECTION 10. BRAND CERTICATION		(BRANDS / RETAILERS ONLY)
INSTRUCTIONS: For brands and retailers, please complete the following questions regarding your distribution of certified products.		
Where is the brand headquarters located? Please provide the address.		
How does the brand sell certified products? (Choose all that apply)	<input type="checkbox"/> Direct to Consumer <input type="checkbox"/> Distribution Centers (DC) <input type="checkbox"/> Direct to Retailer <input type="checkbox"/> Wholesalers <input type="checkbox"/> Licensees	
If you chose Distribution Centers (DC), please answer the following questions:	How many distribution centers (DC's)?	
	Are the DC's brand-owned, or independently contracted?	
	Do any of the DC's purchase certified products from the brand?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you chose Wholesalers or Licensees, please answer the following questions:	How many Wholesalers?	
	How many Licensees?	
Do any post-brand facilities re-package certified products?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
How does the brand ship certified products? (Choose all that apply)	<input type="checkbox"/> Manufacturer to Customer Directly <input type="checkbox"/> Distribution Center / Warehouse to Customer	
	<input type="checkbox"/> Other (please describe):	
Does the brand plan to sell non-certified products of the same type?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the brand have regional offices that trade / handle certified products?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	If so, how many and where are they located?	
	Are regional offices certified?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Undersigned confirms that all information in the application form is completely truthful. Knowingly making a false statement on this application may lead to the termination of the certification.

Name of Company:		Company's Registered Seal/Stamp:	
Authorized Signature:			
Name and Title of the Signatory:			
Date:			
If another company is helping with the application, please provide the following information:			
Application Representative Company:			
Application Representative Contact Name:			
Application Representative Contact Email:			