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| **INSTRUCTIONS:**  Please completely fill in all applicable information (section 1-6) and send applications to IDFL. If known, please also copy the regional certification manager / auditor. | |
| * Section 1 Applicant Information * Section 2 Payment Information * Section 3 Standards | * Section 4 Products * Section 5 Facilities and Processes * Section 6 Certification Information |

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| **SECTION 1. APPLICANT INFORMATION** | |
| Company Name: | Click here to enter text. |
| Company Name (English): | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| Country: | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Title: | Click here to enter text. |
| Phone No.: | Click here to enter text. |
| Email: | Click here to enter text. |

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| **SECTION 2. PAYMENT INFORATION** | | | |
| Payment Currency | USD  RMB  EURO  TWD  TRY  CHF  INR  BDT | | |
| JPY  PKR  OTHER | Click here to enter text. | |
| Tax ID # | Click here to enter text. | | |
| **PAYER COMPANY INFORMATION** | | | SAME AS APPLICANT |
| Company Name: | Click here to enter text. | | |
| Company Name (English): | Click here to enter text. | | |
| Address: | Click here to enter text. | | |
| City: | Click here to enter text. | | |
| Country: | Click here to enter text. | | |
| Contact Person: | Click here to enter text. | | |
| Title: | Click here to enter text. | | |
| Phone No.: | Click here to enter text. | | |
| Email: | Click here to enter text. | | |

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| **SECTION 3. STANDARDS** | | | |
| *IMPORTANT TRANSACTION CERTIFICATE POLICY FOR SCOPE CERTIFICATE TRANSFERS: IDFL MAY NOT issue a transaction certificate for shipments made before the validity date of an IDFL scope certificate.* | | | |
| **STANDARD** | **CERTIFICATION STATUS** | | |
| Organic Content Standard (OCS)  Note: IDFL may **not** issue an OCS scope certificate to an organization which holds a **GOTS** scope certificate with another certification body, unless the GOTS scope certificate is in the process of being transferred to IDFL. | Initial Certification  Renewal Certification | Previously / Currently OCS certified with another Certification Body (CB)\* | |
| Previously / Currently GOTS certified with another Certification Body (CB)\* | |
| Previous Project / License No: | Click here to enter text. |
| Previous Certification Body: | Click here to enter text. |
| Certification Expiration Date | Click here to enter text. |

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| **STANDARD** | **CERTIFICATION STATUS** | | |
| Global Organic Textile Standard (GOTS)  Note: IDFL may **not** issue a GOTS scope certificate to an organization which holds an **OCS** scope certificate with another certification body, unless the OCS scope certificate is in the process of being transferred to IDFL. | Initial Certification  Renewal Certification | Previously/ Currently GOTS certified with another Certification Body (CB)\* | |
| Previously/ Currently OCS certified with another Certification Body (CB)\* | |
| Previous Project / License No: | Click here to enter text. |
| Previous Certification Body: | Click here to enter text. |
| Certification Expiration Date | Click here to enter text. |

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| **SECTION 4. PRODUCTS** | |
| **INSTRUCTIONS:**  Using the below information, please provide information about the products you would like to certify. If your product category is not listed, please feel free to write in according to the specific product information. For more information, please see TE/GOTS Materials Processes and Products Classification.  *NOTE:* *This information is for pre-assessment only; a product specification must be submitted later during the application process.*  *NOTE: Standards vary on allowed minimum percentages and blended materials. Please reference the Standards for details. For example, GOTS does not allow blends with Conventional Cotton or Virgin Polyester.* | |
| **Product Categories**  *Choose all that apply* | **Product Details**  *List all that apply* |
| Home Textiles / Bedding | Click here to enter text. |
| Apparel | Click here to enter text. |
| Accessories | Click here to enter text. |
| Footwear | Click here to enter text. |
| Fabrics | Click here to enter text. |
| Yarns | Click here to enter text. |
| Fibers / Filaments | Click here to enter text. |
| Filling / Stuffing | Click here to enter text. |
| Packaging | Click here to enter text. |
| Recycled Materials | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |
| Other Click here to enter text. | Click here to enter text. |

*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, distribution centers, and/or suppliers that will be included in the same scope of certification.   * **Number of Employees:** Please include all permanent, contracted, and sub-contracted employees. * **List of Activities / Processes:** Examples - Ginning, Spinning, Dyeing, Processing, Weaving, Knitting, Laundering, Finishing, Manufacturing, Printing, Trading (buy and sell, no processing), Storing, Importing, Exporting, Administration, Subcontractor, etc. | | | | |
| **REQUIRED:** 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/Unit Name** | **Facility/Unit Address**  **(Street, City, Region, zip code, Country)** | **Number of Employees** | **List of Activities / Processes** | **Certified Previously (Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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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 6. CERTIFICATION INFORMATION** | |
| **Certifications - Is the organization or facilities certified to any of the following standards?** | |
| OEKO-TEX STEP Environmental Performance Requirements | YES  NO |
| Global Recycled Standard (GRS) | YES  NO |
| SCS Recycled Content Verification | YES  NO |
| BSCI Social Audit | YES  NO |
| SA 8000 Audit | YES  NO |
| Worldwide Responsible Accreditation Program (WRAP) | YES  NO |
| Higgs Facilities Environmental Module (FEM) | YES  NO |
| Higgs Facilities Social Labor Module (FSLM) | YES  NO |
| Higgs Brand Retail Module (BRM) | YES  NO |
| Any standard approved against the GSCP social reference code audit? | YES  NO |
| Any standard approved against the GSCP environmental reference requirement audit? | YES  NO |
| **Chemical Compliance** | |
| Do any facilities use chemical inputs in the production of GOTS products? | YES  NO |
| How many chemicals are used in the production of GOTS products? | Click here to enter text. |
| **Certification Compliance** | |
| Has the organization or any of its facilities been denied certification by another Certification Body? If yes, please provide detailed information below. | YES  NO |
| Click here to enter text. | |
| Has the organization or any of its facilities been banned from product certification? If yes, please explain below. | |
| Click here to enter text. | |

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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:** |
| Click here to enter text. | | |  |
| **Authorized Signature:** | | | |
|  | | | |
| **Name and Title of the Signatory:** | Click here to enter text. | | |
| **Date:** | Click here to enter text. | | |
| \* If another company is helping with the application, please provide the following information: | | | |
| **Application Representative Company:** | | Click here to enter text. | |
| **Application Representative Contact Name:** | | Click here to enter text. | |
| **Application Representative Contact Email:** | | Click here to enter text. | |