|  |
| --- |
| **INSTRUCTIONS:** Please completely fill in all applicable information (section 1-10) and send applications to IDFL. If known, please also copy 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 Slaughterhouse (Meat Processor) Facilities\*\*\*
* Section 7 Individual Farm Certification\*\*\*
* Section 8 Farm Group Certification\*\*\*
* Section 9 Farm Area Certification\*\*\*
* Section 10 Certification Information
 |
| \*\*\* Only applicable to those with slaughterhouse or farms in scope of certification |

|  |
| --- |
| **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. |

|  |
| --- |
| **SECTION 2. PAYMENT INFORMATION** |
| 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. |

|  |
| --- |
| **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** |
| [ ]  Responsible Down Standard (RDS) | [ ]  Initial Certification[ ]  Renewal Certification | [ ]  Previously / Currently RDS 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. |
| **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 Materials Processes and Products Classification* + Product Detail Examples: Overcoats, jackets, vests, blankets, bedspreads, quilts, upholstery, pillows, cushions, gloves, mittens, mattresses, sleeping bags, white duck down and feather, grey duck down and feather, white goose down and feather, grey goose down and feather.
	+ For products with blended goose and duck, use the following details: white goose/duck down and feather, grey goose/duck down and feather.

*NOTE:* *This information is for pre-assessment only; a product specification must be submitted later during the application process.**NOTE: RDS products may contain a minimum of 5% certified content. The RDS logo / label can only be used on products with 100% certified RDS content, pending IDFL approval.**NOTE:* *Recycled down / feather is ineligible for RDS certification.* |
| **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. |
| [ ]  Outdoor | Click here to enter text. |
| [ ]  Accessories | Click here to enter text. |
| [ ]  Footwear | Click here to enter text. |
| [ ]  Toys | Click here to enter text. |
| [ ]  Fabrics  | Click here to enter text. |
| [ ]  Filling / Stuffing | Click here to enter text. |
| [ ]  Unprocessed Raw Down / Feather | Click here to enter text. |
| [ ]  Birds / Waterfowl | 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. |
| [ ]  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. |
| [ ]  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.*

|  |
| --- |
| **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. *NOTE: For slaughterhouse or farm certifications, see Section 6-8** **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. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

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

|  |
| --- |
| **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)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Choose an item. |

*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.  |
| **Farm Name** | **Farm Address** | **Responsible Contact** | **Waterfowl Type/Species** | **Number of waterfowl raised per year.** | **List of Activities / Processes** | **Parent Farm****(Y/N)** | **Certified Previously (Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |

*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)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

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

|  |
| --- |
| **SECTION 9. FARM AREA CERTFICATION** |
| **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)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. | Choose an item. |

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

|  |
| --- |
| **SECTION 10. 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 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 to enter text. |
| Has the organization or any of its facilities been banned from product certification? If yes, please explain below.  |
| Click to enter text. |

|  |
| --- |
| **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. |