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| **INSTRUCTIONS説明 ：**  Please completely fill in all applicable information (section 1-6) and send applications to IDFL. If known, please also copy regional certification manager / auditor. 全ての該当項目情報を記入し（セクション１－7）、IDFLへ申請書を送付してください。IDFL各地域（国）の担当者・監査人が分かる場合、コピーメールしてください。 | |
| * Section 1 Applicant Information   申請者情報   * Section 2 Payment Information   支払者情報   * Section 3 Standards基準 * Section 4 Products製品 | * Section 5 Facilities and Processes施設とプロセス * Section 6 Certification Information認定情報 |

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| **SECTION 1. APPLICANT INFORMATION申請者情報** | |
| Company Name会社名: | Click here to enter text. |
| Company Name (英語表記): | Click here to enter text. |
| Address住所: | Click here to enter text. |
| City市町村: | Click here to enter text. |
| Country都道府県郡: | Click here to enter text. |
| Contact Person連絡先: | Click here to enter text. |
| Title役職: | Click here to enter text. |
| Phone No. 電話番号: | Click here to enter text. |
| Emailメールアドレス: | Click here to enter text. |

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| **SECTION 2. PAYMENT INFORMATION支払者情報** | | |
| Payment Currency支払通貨 | USD  RMB  EURO  TWD  TRY  CHF  INR  BDT | |
| JPY  PKR  OTHER | |
| Tax ID #　納税番号 | Click here to enter text. | |
| **PAYER COMPANY INFORMATION** **支払者情報** | | SAME AS APPLICANT申請者と同じ |
| Company Name会社名: | Click here to enter text. | |
| Company Name (英語表記): | Click here to enter text. | |
| Address住所: | Click here to enter text. | |
| City市町村: | Click here to enter text. | |
| Country都道府県郡: | Click here to enter text. | |
| Contact Person連絡先: | Click here to enter text. | |
| Title役職: | Click here to enter text. | |
| Phone No. 電話番号: | Click here to enter text. | |
| Emailメールアドレス: | Click here to enter text. | |

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| **SECTION 3. STANDARDS規格基準** | | | | | | | | |
| *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.*  *スコープ認証の移行に関する重要なトランザクション認証政策：IDFLスコープ認証の有効日前に行われた出荷に対してトランザクション認証を発行出来かねる場合があります。* | | | | | | | | |
| **STANDARD** 基準 | | **CERTIFICATION STATUS認証基準** | | | | | | |
| Responsible Wool Standard (RWS) | | | Initial Certification  初期認証  Renewal Certification  　更新認証 | Previously/ Currently RWS certified with another Certification Body (CB)\* 以前/現在、別の認証機関（CB）よりRWS認証受けている\* | | | | |
| Previous Project / License No:  以前のプロジェクト/ライセンス番号 | | Click here to enter text. | | |
| Previous Certification Body:  以前の認証機関 | | Click here to enter text. | | |
| Certification Expiration Date  認証有効期限 | | Click here to enter text. | | |
| Certification Expiration Date  認証有効期限 | | Click here to enter text. | | |
| **SECTION 4. PRODUCTS製品** | | | | |  | |  |
| **INSTRUCTIONS説明:**  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  以下のリストを使用し、認証が必要な製品に関する情報を記入してください。当てはまるカテゴリーが記載されていない場合は、具体的な製品情報を参考してご記入ください。詳細については、TE材料プロセスおよび製品分類を参照してください。  Product Detail Examples: Garments, Home Textiles, Bags, Shoes, Towels, Accessories, Wool Noils, Fibers, Filaments, Yarns, Carded Yarns, Woven Fabrics, Knitted Fabrics, Non-Woven Fabrics, Lanolin, Greasy Wool, Scoured Wool, Carbonized Wool  製品詳細の例：衣料品、ホームテキスタイル、鞄、靴、毛布、アクセサリー、ウールノイル、繊維、フィラメント、毛糸、梳毛糸、織物、ニット生地、不織布、ラノリン、あぶら付きウール、洗上ウール、化炭ウール  *NOTE:* *This information is for pre-assessment only; a product specification must be submitted later during the application process.*  *注：この情報は事前評価でのみ使用されます。製品仕様は、後の申請プロセス中に提出する必要があります。*  *NOTE: RWS products may contain a minimum of 5% certified content. The RWS logo / label can only be used on products with 100% certified RWS content, pending IDFL approval.*  *注：RWS製品には、最低5％の認定コンテンツが含まれる必要があります。 RWSのロゴ/ラベルは、IDFL承認待ちの100％認定RWSコンテンツを含む製品にのみ使用できます。*  *NOTE:* *Recycled wool is ineligible for RWS certification.*  *注：リサイクルウールはRWS認証の対象外です。* | | | | | | | |
| **Product Categories**  **製品カテゴリー**  *Choose all that apply*  *該当するものすべて選んでください* | **Product Details**  **製品詳細**  *List all that apply*  *該当するものすべて記入してください* | | | | | | |
| Home Textiles / Bedding  　ホームテキスタイル/寝具 | Click here to enter text. | | | | | | |
| Apparel衣料品 | Click here to enter text. | | | | | | |
| Accessoriesアクセサリー | Click here to enter text. | | | | | | |
| Footwear履物 | Click here to enter text. | | | | | | |
| Fabrics生地 | Click here to enter text. | | | | | | |
| Yarns毛糸 | Click here to enter text. | | | | | | |
| Fibers / Filaments  　繊維/フィラメント | Click here to enter text. | | | | | | |
| Filling / Stuffing充填 | Click here to enter text. | | | | | | |
| Topsトップス | Click here to enter text. | | | | | | |
| Unprocessed Fibers / Materials未加工繊維/材料 | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他Click here to enter text. | Click here to enter text. | | | | | | |
| ☐ Other　その他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.*

追加欄が必要な場合、他のドキュメントシート（エクセルまたはワード）を使用し上記の情報を送信して下さい。

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| **SECTION 5. FACILITIES AND PROCESSES施設とプロセス** | | | | |
| **INSTRUCTIONS説明:**  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. この認証の範囲内で認証製品を取引・処理・プロセスする全ての施設について、以下の情報を提出して下さい。申請者の情報及び同じ認証対象範囲内に含まれるオフィス、流通センター及びサプライヤー等、其の他関連のある施設情報を含みます。   * **Number of Employees:** Please include all permanent, contracted, and sub-contracted employees.   **従業員数：**すべての正社員、契約社員及び下請社員を含む。   * **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.   **活動内容・プロセスリスト：**例－ジンニング、紡績、染色、加工、製織、編み物、洗濯、仕上げ、製造、印刷、取引（購入と販売、加工無し）、保管、輸出入、管理、下請業者等。 | | | | |
| **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. 必須要件：この認証範囲で認証製品を取引・処理・プロセスする下請業者施設はありますか？その場合、活動内容・プロセスのリストを記入してください。 | | | | YES  NO |
| **Facility/Unit Name**  **施設名** | **Facility/Unit Address**  **(Street, City, Region, zip code, Country)**  **施設住所** | **Number of Employees**  **従業員数** | **List of Activities / Processes**  **活動内容・プロセスのリスト** | **Certified Previously (Y/N)**  **認定履歴(あり/なし)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
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*If additional space is needed, please use other document sheets (preferably excel or word) to submit the above information.*

追加欄が必要な場合、他のドキュメントシート（エクセルまたはワード）を使用し上記の情報を送信して下さい。

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| **SECTION 6. CERTIFICATION INFORMATION認証情報** | |
| **Certifications - Is the organization or facilities certified to any of the following standards?**  **認証 - 組織または施設は、以下の基準のいずれかを認証されたことがありますか？** | |
| 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 |
| Higgs Facilities Environmental Module (FEM) | YES  NO |
| Higgs Facilities Social Labor Module (FSLM) | YES  NO |
| Higgs Brand Retail Module (BRM) | YES  NO |
| Worldwide Responsible Accreditation Program (WRAP) | YES  NO |
| Any standard approved against the GSCP social reference code audit?  GSCP環境参照要件監査に承認済みの標準はありますか？ | YES  NO |
| Any standard approved against the GSCP environmental reference requirement audit?  GSCP社会参照コード監査に承認済みの標準はありますか？ | YES  NO |
| **Chemical Compliance化学コンプライアンス** | |
| Do any facilities use chemical inputs in the production of GOTS products?  GOTS製品製造に化学物質を使用する施設はありますか？ | YES  NO |
| How many chemicals are used in the production of GOTS products?  GOTS製品製造にはいくつの化学物質が使用されていますか？ | Click to enter text. |
| **Certification Compliance認証コンプライアンス** | |
| Has the organization or any of its facilities been denied certification by another Certification Body? If yes, please provide detailed information below.  組織または施設が、別の認証機関に認証拒否されたことはありますか？はいの場合、以下に詳細情報を入力してください。 | YES  NO |
| Click to enter text. | |
| Has the organization or any of its facilities been banned from product certification? If yes, please explain below.  組織または施設が、別の認証機関に認証禁止されたことはありますか？はいの場合、以下に詳細情報を入力してください。 | |
| Click 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.**  **署名は、申請書へ記入された情報が全て真実である事を証明します。この申請において、故意に虚偽の陳述を行う場合、認証手続きが中止される場合があります。** | | | |
| **Name of Company**会社名**:** | | | **Company’s Registered Seal/Stamp**社印**:** |
| Click here to enter text. | | |  |
| **Authorized Signature**責任者による署名**:** | | | |
|  | | | |
| **Name and Title of the Signatory:**  署名者の名前、役職 | Click here to enter text. | | |
| **Date:**  日付**：** | Click here to enter text. | | |
| \* If another company is helping with the application, please provide the following information:  *他の会社・機関が代理申請をしている場合、下記の情報を記述して下さい。* | | | |
| **Application Representative Company:**  申請代表者の所属会社**：** | | Click here to enter text. | |
| **Application Representative Contact Name:**  申請代表者名**：** | | Click here to enter text. | |