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| **INSTRUCTIONS:**  Please completely fill in all applicable information (section 1 - 6) and send the application to IDFL. See below for directory of IDFL locations. |
| **Required Sections**   * Section 1 Applicant Information * Section 2 Payment Information * Section 3 Verification Services * Section 4 Pre-Verification Documents * Section 5 Facilities and Processes * Section 6 Authorization / Signature |

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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 INFORMATION** | | | | | | | | | | | | |
| Payment Currency | | | USD | | RMB | EURO | TWD | TRY | CHF | INR | | BDT |
| JPY | | PKR | KRW | IDR | VND | OTHER | | Click here to enter text. | |
| Tax ID # | | | Click here to enter text. | | | | | | | | | |
| **Rush Service Fees**  Rush Services are only applicable to certain phases of the verification and can only be applied if prior phases have been completed. Rush Services are dependent on office capacity and may not always be available. | | | | | | | | | | | | |
|  | RUSH  On-Site Verification | Note:   * RUSH On-Site Verification: Within 7 Business Days * IDFL will confirm availability and price upon receipt of request. * IDFL will only schedule the On-Site Verification after payment has been received and all the pre-verification documentation has been submitted and approved. RUSH fees may incur higher travel expenses due to short notice booking. | | | | | | | | | | |
| **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. VERIFICATION SERVICES** | | | |
| **STANDARD** | **CERTIFICATION STATUS** | | |
| Verified InCheck   * Type 1 Process (<30 chemical products in each of the three reports) * Type 2 Process (≥30 or more chemical products listed on the chemical inventory)   How many chemicals do you have? # # #  Type of process will be determined by VB. This is determined from your Performance InCheck Reports from the past 3 months/3 quarters. | Initial Verification  Renewal Verification | Previously/Currently Verified InCheck with another Verification Body (VB)\* | |
| Previous Project / License No.: | Click here to enter text. |
| Previous Verification Body: | Click here to enter text. |
| Verification Expiration Date: | Click here to enter text. |
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| **SECTION 4. Pre-Verification Documents** | |
| **INSTRUCTIONS:**  Using the below information, please confirm you have these chemical related documents prior to on-site verification.  *NOTE:* *This information is for pre-verification only; documents must be submitted later during the application process. Date of on-site verification is scheduled after all the below documents have been received.* | |
| **Document Checklist** | |
|  | Performance InCheck Reports of at least 3 consecutive months or maximum 3 consecutive quarters prior to requesting an on-site verification. |
|  | Site Map of the factory (preferable with the chemical stores marked in the map). |
|  | Safety Data Sheet (SDS) |
|  | Purchase Orders |
|  | Contracts with Chemical Vendors |
|  | Chemical Inventory List (CIL) Record |
|  | Production Recipe Sheets, etc. |

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| **SECTION 5. FACILITIES AND PROCESSES** | | | |
| **INSTRUCTIONS:**  Please provide the following information for all factories that need verification.   * **List of Activities / Processes:** Examples – Material Recycling, Ginning, Spinning, Dyeing, Processing, Weaving, Knitting, Laundering, Finishing, Manufacturing, Printing, Trading (buy and sell, no processing), Storing, Importing, Exporting, Administration, Subcontractor, Concentration, Collection, etc. | | | |
| **REQUIRED:** Are there any subcontractor factories that trade / handle / process verified chemicals products in this verification? If so, please indicate by noting in the List of Activities / Processes. | | | YES  NO |
| **Factory/Unit Name**  (If more then one factory is being verified, please fill out another application form.) | **Factory/Unit Address**  **(Street, City, Region, zip code, Country)** | **List of Activities / Processes** | **Verified InCheck Previously (Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to answer Y/N. |

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| **SECTION 6. AUTHORIZATION / SIGNATURE** | | | |
| **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. | |