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| **INSTRUCTIONS:**  Please fill in ALL applicable information (sections 1-7) and send applications to [IDFL.](https://idfl.com/directory/) | |
| **Required Sections** | **Standard Specific Sections for Applicable Scopes** |
| * Section 1 Applicant Information * Section 2 Payment Information * Section 3 Standards * Section 4 Products * Section 5 Certification Information * Section 6 Authorization / Signature | * Section 7 (RAF) Farm Certification |

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| **SECTION 1. APPLICANT INFORMATION** | |
| Company Name: | Click here to enter text. |
| Farm Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City/Town: | Click here to enter text. |
| State: | 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 | AUD | OTHER Click here to enter text. |  |  |  |  |
| Tax ID # (ABN) | Click here to enter text. | | | | | |
| **Rush Service Fees**  Rush Services are only applicable to certain phases of the audit 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 Site Visit / Evaluation (within 7 business days) |  | Note: IDFL will only schedule the on-site visit / evaluation after payment has been received and all the pre-audit documentation has been submitted and approved. RUSH fees may incur higher travel expenses due to short notice booking. | | | | |
| RUSH Certification Decision (within 3 business days) |  | Note: IDFL will only complete the certification decision after evaluation and approval of corrective actions. | | | | |
| **PAYER COMPANY INFORMATION** | | SAME AS APPLICANT | | | | |
| Company Name: | Click here to enter text. | | | | | |
| Farm Name: | Click here to enter text. | | | | | |
| Address: | Click here to enter text. | | | | | |
| City/Town: | Click here to enter text. | | | | | |
| State: | 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** | | |
| Responsible Animal Fiber (RAF)  Responsible Wool Standard (RWS) Farm  Responsible Mohair Standard (RMS) Farm  *RAF products must contain a minimum of 5% certified content. The logo / label can only be used on products with 100% certified content. Recycled animal fibers are ineligible for RAF certification.* | Initial Certification  Renewal Certification | Previously/ Currently RAF 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 or tap to enter a date. |
| *\*When submitting the application, please attach the most recent Scope Certificate.* | | | |

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| **SECTION 4. PRODUCTS** | |
| **INSTRUCTIONS:**  Using the information below, please provide information about the products you would like to certify. If your product category is not listed, please feel free to write in accordance 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 refer to the Standard for details.* | |
| **Product Categories**  *Choose all that apply* | **Product Details**  *List all that apply* |
| Greasy Wool | 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* | |

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| **SECTION 5. CERTIFICATION INFORMATION** |
| **Certifications - Is the organization or facilities certified to any other standard?** |

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| (if so, please list below) | YES  NO |
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| **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. | YES  NO |
| Click to enter text. | |

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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:** | |
| Click here to enter text. | |
| **Authorized Signature:** | |
| **Name and Title of the Signatory:** | Click here to enter text. |
| **Date:** | Click or tap to enter a date. |

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| **SECTION 7. (RAF) FARM CERTFICATION** |
| **INSTRUCTIONS: *\*\*\*Only applicable to those with individual farm(s) or farm groups in scope of certification*.**  Please provide the following information for all individual farm groups that will handle certified wool in this scope of certification.   |  |  |  | | --- | --- | --- | | **Certification Type:** |  | **Most recent risk level assigned by previous CB:** | | Individual Farm |  | Low risk | | Farm Group |  | Medium risk | | Communal Farmer Group |  | High risk | |  |  | N/A (initial audit) |   If **Individual Farm** Certification, please complete the following:   * **Farm Name:** Please provide a name for farm locations by PIC CODE. Example – “ABC Company Farm Area” * **Farm Size:** Provide the size of the certified area in Acres or H (hectare). Examples “35.2 H” or “22.3 Acre” * **Volume per year:** Please provide the volume of material produced per year in kg. Examples– “3000 Kg”  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Farm Name** | **Address** | **Farm Size** | | **Animal Species** | **Volume Per Year (Kg)** | **Number of Animals**  ***(i.e. Sheep)*** | **Certified Previously (Y/N)** | | Click here to enter text. | Click here to enter text. | # | Acre  H | Click here to enter text. | Click here to enter text. | # | Yes  No |   If **Farm Group** or **Communal Farmer Group** Certification, please complete the following:   * **Group Name:** Please provide a name for farm locations by PIC CODE. Example – “ABC Company Farm Area” * **Volume per year:** Please provide the volume of material produced per year in kg. Examples– “3000 Kg”  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Group Name** | **ICS Holder** | **Number of Farm Group Members** | **Animal Species** | **Estimated Group Volume per Year (Kg)** | **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. | Yes  No |   **Please attach a list of all farms, their addresses, size, and estimated volumes** |