



Application for Water Stewardship and Resiliency Certification

The information provided in this Application will help SCS to determine eligibility and scope of service for SCS Certification Program for Water Stewardship and Resiliency. No charges will be incurred, or work conducted until a work order is executed.

Section 1: Organization details

Contact information for the Supplier who sells directly to the retailer identified in Section 2

Organization Name:

Street address:

City: State/Province: Postal Code:

Country:

Primary contact name: Tel: Email:

Section 2: Audit details

of Sites in Organization: # of Sites in Organization to be Certified:

Desired audit date / deadline to receive audit:

Section 3: Facility details

Site/Facility (for multi-site operations, list site details in a separate document)

Facility Name: Facility contact name and email:

Street address:

City: State/Province: Postal Code:

Country:

Section 4: Billing information

Only complete this section if the audit payer details are different from Section 1 above

Billing Company Name: Billing contact name and email:

Street address:

City: State/Province: Postal Code:

Section 5: Additional information

Has the company worked with SCS previously? Yes No If yes, which service(s) did you use?

Section 6: Declaration

I affirm that the information provided herein is true and correct to the best of my knowledge, and that I am duly authorized to sign this application. Should our company decide to pursue the Certification for Water Stewardship and Resiliency audit with SCS Global Services, I agree to supply any information that is deemed necessary for the audit of the facilities and operations in scope.

Print Name: Title:

Signature (electronic or typed accepted): Date:

■

Submit completed application to:

Lauren Enright | lenright@scsglobalservices.com | Phone: 1-805-252-9031