

APPLICATION FORM-NCCF FOREST MANAGEMENT CERTIFICATION

The information provided in this Application will help CB to determine eligibility and scope of service. No charges will be incurred or work conducted until a Work Order is executed.

Section 1: Company/Organization Information				
1.General Information				
Organization Name (as it would appear on the contract):				
Street:		City:		
State:		Postal Code:		
Country:		Website:		
		Phone Number:		
Brief description of organization:				
2.Contact Person				
First Name:		Last Name:		
Designation:		Email:		
		Phone Number:		
3.Organization Relationship with other enterprise (Parent Co, Subsidiaries)				
Enterprise Name:		Corporate Relationship:		
4.Organization Legal Status (Mark (X) the applicable)				
<input type="checkbox"/> INC	<input type="checkbox"/> LLC	<input type="checkbox"/> GMBH	<input type="checkbox"/> LTD.	<input type="checkbox"/> NGO

Section 2: Certification Information
Type of Services Required:
Standard (s) against which certification is desired:
What is your organization's level of experience with Forest Management assessments? <input type="checkbox"/> New to this process <input type="checkbox"/> Previously certified/audited <input type="checkbox"/> Currently certified by another certification body (Please note that certificate transfers must comply with the requirements of Certification scheme. Please add your comments(if any):
Desired date /time frame for certification assessment:
Desired date / time for award of certification:
Has your company applied to other certification bodies for Forest Management certification within the past five (5) years? If yes, please note which certification schemes and the year(s) of application:

Section 3: Forest Management Operations

Type of Forest Management Operation	<input type="checkbox"/> Private Company/Landowner <input type="checkbox"/> Public Agency/Land Manager <input type="checkbox"/> Group Forest Management (<i>multiple, independent forest management units (FMUs) represented by a single entity</i>) <input type="checkbox"/> Community Forest (<i>forest management and use is controlled by a community organization</i>) <input type="checkbox"/> Public Agency/Land Manager <input type="checkbox"/> Multiple-FMU Management (<i>more than one FMU managed by the same entity</i>) <input type="checkbox"/> Concession (<i>private management on government-owned land</i>) <input type="checkbox"/> Other (Please describe):
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Size of Forest Management:	Total Forest Area:
	Productive Forest Area:
	Annual Allowable Harvest:
	Number of Forest Management Units:
	Travel time between Forest Management Units (<i>Please send maps with this application, if operations are geographically complex</i>):

Forest Landscape Characteristics

Forest Type: Natural/ semi-natural/other	
Location of forest management unit: (nearest major city, county, state or province):	

Forest Management History

Year Most Forest lands declared/acquired for specific purpose:	
Year plantations established (if applicable):	

Other

Please tell us any other information about the structure of your organization, ownership or management that you feel is important:

Multiple FMU or Group Clients
 (Please list all participating forest sites): *If necessary, please attach additional documentation listing all group members/participating sites.*

FMU Name	FMU Location	FMU Area (in Acres)	Forest type (natural, plantation, community managed, etc)	Annual Harvest (m ³ or other units)
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Additional Project Information (e.g. history, background, structure of group management, etc.) :			
<p>Does your company currently purchase any Scheme certified material (e.g. logs or lumber) and pass that material on to the customer with claim?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, please describe sources and activities involved: (Please include location, size, type of operation and Ownership. Depending on the type of facility, a separate chain-of-custody audit may be required.)</p>		
<p>Are there any primary or secondary wood processing facilities located within the FMU or otherwise associated with the Forest Management Organization, from which you currently sell or intend to sell certified products? (e.g. facilities may include a chipping operation, portable or permanent sawmill, veneer mill, pulp mill, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, please describe the facility associated with the forest Management unit under assessment: (Please include location, size, type of operation and ownership. Depending on the type of facility, a separate chain-of-custody audit may be required.)</p>		
<p>This application is for <input type="checkbox"/> ALL or <input type="checkbox"/> SOME of the forestlands owned or managed by your company.</p> <p>If SOME, please list the forestlands which are not under the scope of the audit and explain the reason for their exclusion.</p> <p>Please also explain how certified and non-certified products will be kept separate:</p>			
<p>Are there any known, controversial issues involving parties affected by your organization’s forest management activities?</p> <p>If so, please describe:</p>			
<p>Outsourcing Activities:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If YES, Please provide details of activities.</p>			

Section 4: General Information	
What factors contributed your interest in GIPL?	
<input type="checkbox"/> Compliance <input type="checkbox"/> Customer interests <input type="checkbox"/> Supplier programs	<input type="checkbox"/> Strategy <input type="checkbox"/> Buyer requirement <input type="checkbox"/> Others
Would you like information on other CB Services?	

How did you learn about CB Services? Who referred you to CB?	
Section 5: Affirmation	
<input type="checkbox"/> 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 certification, I agree to supply any information that is deemed necessary for the audit of the operation and/or products to be certified.	
Print Name:	
Designation:	
Signature (<i>electronic or typed accepted</i>):	
Date:	

Section 6. For CB only	
Application Review status (Accepted/not accepted/additional information requested):	
Name of Application Reviewer:	
Designation:	
Date:	
Application Number:	