# Application Form for

# Trees Outside Forest (TOF) Certification

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

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| **Section 1: Company/Organizational Information** | | | | | | |
| 1. **COMPANY INFORMATION** | | | | | | |
| Company Name (*as it would appear on a contract*): | | | | Click or tap here to enter text. | | |
| Address: Click or tap here to enter text. | | | | | | |
| State: Click or tap here to enter text. | City:Click or tap here to enter text. | | | | | Postal Code: Click or tap here to enter text. |
| Main Phone:  Click or tap here to enter text. | | | | | | |
| Website: Click or tap here to enter text. | | | | | | |
| Brief Company Description:  Click or tap here to enter text. | | | | | | |
| **2. PRIMARY CONTACT PERSON** | | | | | | |
| First Name: Click or tap here to enter text. | | Last Name: Click or tap here to enter text. | | | Designation: Click or tap here to enter text. | |
| Direct Phone: Click or tap here to enter text. | | | Email: Click or tap here to enter text. | | | |
| **3. COMPANY AFFILIATIONS WITH OTHER LEGAL ENTITIES *(parent co, subsidiaries)*** | | | | | | |
| Company Name: Click or tap here to enter text. | | | | Corporate Relationship: Click or tap here to enter text. | | |
| Has the company worked with GIPL previously?  Yes  No  Which service, or services, did you use? | | | | | | |

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| **4. COMPANY LEGAL STATUS *(E.g., Proprietorship, LLP., Pvt. Ltd., Ltd., NGO)*** |
| What is the legal status of your company?  Click or tap here to enter text. |

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| **Section 2: Certification Information** |
| Types of services required: Click or tap here to enter text. |
| Standard(s) against which certification is desired: Click or tap here to enter text. |
| Desired time frame for certification assessment:  Click or tap here to enter text. |
| Desired time for award of certification: Click or tap here to enter text. |

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| **Section 3: Information about ToF Management Unit** | |
| **Type of ToF** **resources ownership** | Private or community managed land  Government  Leased land  Other (Please describe): |
| **Type of ToF :** | Agroforests in block |
| Agroforests in non-block like linear, isolated, scattered and bund trees |
| Urban trees and forests (UTF) including trees in parks, in avenues, etc. |
| **Total area under scope of certification (in hectares)** | Click or tap here to enter text. |
| **Total number of Land Management Units (LMUs) under scope of certification** | Click or tap here to enter text. |
| **Harvesting and Travel Time** | Annual Allowable Harvest from the area:  Click or tap here to enter text. |
| Travel time between respective areas (LMUs) *(Please send maps with this application, if operations are geographically complex):*  Click or tap here to enter text. |
| **Location of Land Management Unit: (nearest major city):** | Click or tap here to enter text. |
| **History of Plantation:**   Click or tap here to enter text. | |
| **Year plantations established:** Click or tap here to enter text. | |
| **Species under Scope of Certification:** | |
| **Other information, if any:** Click or tap here to enter text. | |

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| **Do you purchase any Scheme certified material and pass that material on to the customer with claim?** | Yes No  If **yes**, please enlist activities involved:  Click or tap here to enter text. |
| Are you planning to certify all, or part of area owned or managed by your organization?  Full  Part - please list the areas which are not under the scope of the audit and explain the reason for their exclusion and explain how certified and non-certified products will be kept separate in your system.  Not applicable. It is farmer’s land and will keep on changing | |
| Outsourcing activities:  Yes  No  If yes, please provide detail of Activities:  Click or tap here to enter text. | |

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| **Section 4: General Information** | | | |
| **What factors contributed to your interest in GICIA India Pvt. Ltd. (GIPL) services?** | | | |
| Compliance Requirement  Customer Interest  Supplier’s Requirement | |  | Buyer Requirement  Other |
| **Would you like information on other GIPL Services?** |  | | |
| **How did you learn about GIPL? Who referred you to GIPL?** |  | | |

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| **Section 5: Affirmation** | |  |
| 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. | |
| **Name:** | Click or tap here to enter text. |
| **Designation:** | Click or tap here to enter text. |
| **Signature** (*electronic or typed accepted*): | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |

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| **Section 6. For GIPL personnel only** |
| **Application Review status (accepted / not accepted / additional information requested):**  Click or tap here to enter text. |
| **Name of Application Reviewer:** Click or tap here to enter text. |
| **Designation:** Click or tap here to enter text. |
| **Date:** Click or tap here to enter text. |
| **Application Number:** Click or tap here to enter text. |