



# Initial Application Form For Handlers of Potted Plants

Please complete form by typing in blank fields, then return completed form to:  
Michael Keyes by email: [mkeyes@scscertified.com](mailto:mkeyes@scscertified.com) or fax: 510/452-8001. If you  
have any questions, call Michael at 510/452-8040.

1. Company Name: \_\_\_\_\_ Website URL: \_\_\_\_\_  
USA Co./Subsidiary Name (if different): \_\_\_\_\_
2. Contact Person and Contact Information:  
Name (Primary): \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Name (Quality Control): \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Facility covered by this Application (*complete one application form for each Facility*)<sup>1</sup>:  
Type of facility (e.g., drop shipper, importer, distribution center, nursery center):  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_ State/Province/Department: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip Code / Postal Code: \_\_\_\_\_
4. Total number of employees at this facility:  
Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Seasonal/temporary? \_\_\_\_\_
5. Are subcontractors used to perform tasks at this facility? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Estimated gross annual sales? \_\_\_\_\_
7. Types of Product(s) handled by your facility (boxes, plugs, starts, liners): \_\_\_\_\_  
Range of container sizes (outside diameter) \_\_\_\_\_
8. Refrigerated facilities- specify: \_\_\_\_\_
9. Current Third-Party Certifications (e.g., Organic Producer, Sustainable)  
Claim: \_\_\_\_\_ Certifier: \_\_\_\_\_ Certification Reg. Number(s): \_\_\_\_\_  
Claim: \_\_\_\_\_ Certifier: \_\_\_\_\_ Certification Reg. Number(s): \_\_\_\_\_
10. Are chemicals (NOP permitted or otherwise) used at this facility?
  - a. Pest/disease control: YES \_\_\_\_\_ NO \_\_\_\_\_
  - b. Cleaning: YES \_\_\_\_\_ NO \_\_\_\_\_
  - c. Other: YES \_\_\_\_\_ NO \_\_\_\_\_
11. Do you have a quality control manual: YES \_\_\_\_\_ NO \_\_\_\_\_
12. Do you own or contract a fleet of vehicles: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, what number \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> See separate application form for growers

13. List the principal potential work hazards in your operation? \_\_\_\_\_  
\_\_\_\_\_

14. Referred by: \_\_\_\_\_

15. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Name of person completing this form: \_\_\_\_\_