



The mark of responsible forestry

FSC® CHAIN OF CUSTODY CERTIFICATION APPLICATION FORM

TÜV AUSTRIA Group



KFM-002b, Rev.01

COMPANY INFORMATION

COMPANY NAME		VAT Nr	
ADDRESS		ZIP – CITY	
		FAX	
		URL	
SITE WHERE THE AUDIT WILL TAKE PLACE			
OTHER FACILITIES / SUBSIDIARIES			
DO YOU WISH TO BE AUDITED FOR THE FSC REGULATORY MODULE AS WELL?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY REPRESENTATIVE			
FSC REPRESENTATIVE			
SCOPES OF ACTIVITY TO BE CERTIFIED & CRITICAL PROCESSES*:			
PROCESSES CARRIED OUT BY SUBCONTRACTORS			
NUMBER OF OUTSOURCERS INVOLVED IN THE ACTIVITIES TO BE CERTIFIED			
LEGISLATION RELATIVE TO THE PRODUCTS OR THE SERVICES OF THE COMPANY			
PERMANENT PERSONNEL		Nr. OF SHIFTS (if any)	
TEMPORARY PERSONNEL		NUMBER OF PERSONEL ON SHIFTS	
Nr. & ISSUE DATE OF COMPANY'S OPERATION LICENSE (<i>if applicable</i>)			
INFORMATION FOR THE CERTIFICATION			
TYPE OF AUDIT			
SINGLE <input type="checkbox"/>	MULTI-SITE <input type="checkbox"/>	GROUP <input type="checkbox"/>	
EXISTING WRITTEN DOCUMENTATION			
MANUAL <input type="checkbox"/>	PROCEDURES <input type="checkbox"/>	DDS <input type="checkbox"/>	
DO YOU WISH A PRE-ASSESSMENT AUDIT TO TAKE PLACE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
DESIRABLE AUDIT DATE (MONTH / DATE)			



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1.1 REVENUE (USD for the completed fiscal year):	
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1.2 FOREST PRODUCT TURNOVER (USD for the completed fiscal year):	
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CONSULTANT

HAS THE ORGANIZATION EMPLOYED A CONSULTANT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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CONSULTING FIRM	
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PROJECT MANAGER	
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ADDRESS		ZIP / CITY	
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				FAX	
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OTHER INFORMATION – REMARKS	
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1. Operative Units – Sites to be certified

n.	Production site (name and address)	Tel./Fax		Product / Process to be certified	Product groups	Number of Employees
1						
2						
3						

2. Scope details (please describe)

Input material(s)	
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Methods to check FSC® Declarations	
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Product(s) to be FSC® certified	
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System	
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Does the Organization Purchase controlled material (if yes-code) :	
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Systems for Transport, storage and handling:	
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Manufacturing Processes:	
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3. Certificates already obtained

Standard	Certification body	Scope of the certification

4. Outsourcing: Outsourced Activities Included in the scope of the FSC® Certification (Please evaluate each outsourcer on the basis of the following question and indicate your results in the chart below)

The outsourcer has a FSC® Certification for the activity outsourced? (In case of positive response you do not need to answer to the following 6 questions)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
1. Does the organization commit to the outsourcer a large part of the production (more than 51%) and related activities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Does the organization commit (at least 80% of production) to the outsourcer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does the outsourcer classify and sort the material?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Does the outsourcer label the product?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. By the end of the outsourced process, does the outsourcer store the material without returning it to the owner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does the organization outsource activities abroad?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For Each Outsourcer Involved in the Activities Object of FSC® Certification please detail: (if large number of outsourcers please enclose a list)

Nr.	Company title	Site (Address)	Activity	Following the above mentioned list does the outsourcer have at least one positive answer to any of the 6 questions?
1.				
2.				



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3.				
4.				
5.				

The applicant agrees to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified.

DATE	SIGNATURE

APPLICATION REVIEW – BRIEF ANALYSIS

(to be filled in by the Certification Body)

Fill in the applicable normative document(s) against which these processes and activities will be audited

Date	Signature
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