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|---|-----------------|---------------|------|---------------|--------------|---------------|
| 1. General Information of Client | | | | | | |
| Company Name | | | | | | |
| Company Address (Registered office) | | | | | | |
| Telephone No. | | | | | | |
| Fax No. | | | | | | |
| E-mail Id. | | | | | | |
| Location of Plant | | | | | | |
| Address of Plant | | | | | | |
| Telephone No. | | | | | | |
| Fax No. | | | | | | |
| E-mail Id. | | | | | | |
| 2. Contact Details | | | | | | |
| Personnel information | | | | | | |
| • Plant-in-Charge/ Manager | Name | | | | | |
| | Telephone | | | | | |
| • QC personnel | Name | | | | | |
| | Telephone | | | | | |
| • Liaison personnel | Name | | | | | |
| | Telephone | | | | | |
| Legal Entity Status | | | | | | |
| Function & Relationship in a larger corporation (If Any) | | | | | | |
| 3. Statutory Permissions* | | | | | | |
| 1.Certificate from Pollution Control Board | Yes | No | N.A. | Validity Date | | |
| 2. Approval from factory inspector | Yes | No | N.A. | Validity Date | | |
| 3.Approval from Local Authorities (Municipal/Corporation/other) | Yes | No | N.A. | Validity Date | | |
| 4. Registrations (as applicable) | | | | | | |
| 5. Licenses (as applicable) | | | | | | |
| a. | Yes | No | N.A | Validity Date | | |
| b. | Yes | No | N.A | Validity Date | | |
| c. | Yes | No | N.A | | | |
| 4.List of Paint Categories | Tick** | Shades | | Tick** | Brand | Tick** |
| A | Enamel Paints | | | | | |
| B | Water Emulsions | | | | | |
| C | Distempers | | | | | |
| D | Wood Coatings | | | | | |
| E | Varnishes | | | | | |

| | | | | | |
|---|---------------------|--|--|--|--|
| F | Lacquers | | | | |
| G | Stains | | | | |
| H | Glazes | | | | |
| I | Primers or Coatings | | | | |
| J | Others(Specify) | | | | |
| | | | | | |
| | | | | | |

* It is essential to attach photocopies of all relevant statutory permissions and certificates.

** Tick the ones, opted for certification under the provisions for Lead Safe Paint Certification Scheme.

| | |
|---|---|
| 5. General Information about Activities | |
| Description of Raw Material | |
| Suppliers of Raw Material(as per the above sequence) | |
| Production Process | |
| Details of Manufacturing Facilities | |
| Technological context | |
| Facility Layout | Attach a map A4 size along with the application |
| Human resource | |
| Technical Resource | |
| Number of shifts of Operation | |
| Material Testing Facilities – In-house | |
| Location and address | |
| Name of lab in-charge | |
| Telephone | |
| Material Testing Facilities- External | |
| Location and address | |
| Name of lab in-charge | |
| Telephone | |

P.S. Please be as descriptive as possible. If required use a separate sheet to provide the information as required.

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|---|-----------------------------|
| 6. Controls Exercised to ensure product conformity | |
| STAGE PLAN | FREQUENCY OF CONTROL |
| Initial Stage | |
| In-Process Stage | |
| Final Stage | |

7. Information regarding Processes Outsourced (Section applicable only if any process is being outsourced or intended to be outsourced)

| | |
|---|--|
| Details of process being outsourced or planned to be outsourced. | |
| Name & address of the organisation to which the process is being or proposed to be outsourced | |
| Controls that are/ proposed to be exercised for controlling the quality of such material. | |

Attach Test Reports from an independent accredited laboratory for Lead content requirements for all categories applied for

| 8.List of Paint Categories | Tick** | Shades | Tick** | Brand | Tick** |
|-----------------------------------|---------------|---------------|---------------|--------------|---------------|
| A Enamel Paints | | | | | |
| B Water Emulsions | | | | | |
| C Distempers | | | | | |
| D Wood Coatings | | | | | |
| E Varnishes | | | | | |
| F Lacquers | | | | | |
| G Stains | | | | | |
| H Glazes | | | | | |
| I Primers or Coatings | | | | | |
| J Others(Specify) | | | | | |

P.S. Kindly tick the applied categories and attach the test reports in the same order.

Declarations:

- i) Has the client/ organisation been an applicant / certified under this Scheme with or by any other certification body? If yes, Please enclose the previous evaluation reports to WOODCERT
- ii) Has the client/organisation been subjected to any judicial proceedings relating to its operations, or has undergone any proceedings by any Regulatory body or suspension / cancellation / withdrawal of any certification / approvals under any Regulations or otherwise? If Yes, Please submit details for the same.

Disclaimer: WOODCERT may verify the information provided by contacting the earlier certification body.

ADDITIONAL INFORMATION:

1. Any services of consultant use : Yes/ No ; Name of the consultant: _____
Name of consulting organisation (if applicable) : _____
2. The coverage of the plant to be clearly indicating the activities and whether these are covered at single or more than one location _____
3. Any In-house training by Woodcert – Yes/ No ; Name of the Trainer _____
4. How did you hear of Woodcert? _____

SIGNATURE OF CLIENT/ ORGANISATIONAL HEAD

DATE:

-----XXXXXXXX-----

For WOODCERT Internal Purpose:

WOODCERT Prospective Customer No:

- (i) WOODCERT has reviewed this application received on _____ for adequacy, and has found it to be adequate in all aspects and is being registered for further processing, or
- (ii) WOODCERT has reviewed this application received on _____ for adequacy, and has found it to be deficient in the following criteria's
 - a) _____
 - b) _____
 - c) _____
- iii) As required by VCSLSP scheme, the VCSLSP applicant has been registered/informed within 7 days of receipt of application i.e. _____ about the same.
- iv) The reviewer of this application qualifies as a competent person to review applications for certification as per the defined competency requirements defined in competency matrix FT-04 and the records of the same are being maintained accordingly.

Date: _____

Signature: _____