



RESPONSIBLE ANIMAL FIBER

APPLICATION FORM

RESPONSIBLE WOOL STANDARD (RWS)
RESPONSIBLE MOHAIR STANDARD (RMS)
RESPONSIBLE ALPACA STANDARD (RAS)

CONTACT INFORMATION:	
NAME OF COMPANY APPLYING: (Full name of company with legal status e.g. Ltd., Inc, SAC, SA, SARL, BV)	
ADDRESS OF COMPANY: (Street, post code, town, province, country, P.O. Box)	
CONTACT PERSON:	
CONTACT DETAILS: (Phone and email)	
BUSINESS TYPE: (E.g. brand, processor, trader, agribusiness, broker, farm group)	

TYPE OF CERTIFICATION:

- FARM LEVEL CERTIFICATION**
 - Responsible Wool Standard (RWS)
 - Responsible Mohair Standard (RMS)
 - Responsible Alpaca Standard (RAS)

- SUPPLY CHAIN CERTIFICATION**
 - Responsible Animal Fiber (RAF)
 - Responsible Wool Standard (RWS)
 - Responsible Mohair Standard (RMS)
 - Responsible Alpaca Standard (RAS)

CURRENT CERTIFICATION STATUS:

- Applying for the first time
- Currently certified:
 - Scope Certificate Number: _____
 - Scope Certificate Validity date: _____



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CERTIFICATION SCOPE:

FARM LEVEL CERTIFICATION: RWS, RMS and/or RAS

 Individual Certification

 Farm Group Certification

Please provide a list of farms and their addresses (use additional sheet if needed):

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SUPPLY CHAIN CERTIFICATION: RAF

1. MAIN SITE: Name and address of further units applying for certification:

Select applicable scope of unit:

 ICS Trader Head Office Processor Manufacturer Warehouse Slaughter Other

If other, please specify:

Products:

 Unprocessed fibers Tops Noils Fabrics Apparel Home Textiles Accessories Other

If other, please specify:

2. Name and address of further units applying for certification:

Select applicable scope of unit:

 ICS Trader Head Office Processor Manufacturer Warehouse Slaughter Other



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If other, please specify:
Products:
<input type="checkbox"/> Unprocessed fibers <input type="checkbox"/> Tops <input type="checkbox"/> Noils <input type="checkbox"/> Fabrics <input type="checkbox"/> Apparel <input type="checkbox"/> Home Textiles <input type="checkbox"/> Accessories <input type="checkbox"/> Other
If other, please specify:
3. Name and address of further units applying for certification:
Select applicable scope of unit:
<input type="checkbox"/> ICS <input type="checkbox"/> Trader <input type="checkbox"/> Head Office <input type="checkbox"/> Processor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Warehouse <input type="checkbox"/> Slaughter <input type="checkbox"/> Other
If other, please specify:
Products:
<input type="checkbox"/> Unprocessed fibers <input type="checkbox"/> Tops <input type="checkbox"/> Noils <input type="checkbox"/> Fabrics <input type="checkbox"/> Apparel <input type="checkbox"/> Home Textiles <input type="checkbox"/> Accessories <input type="checkbox"/> Other
If other, please specify:
4. Name and address of further units applying for certification:
Select applicable scope of unit:
<input type="checkbox"/> ICS <input type="checkbox"/> Trader <input type="checkbox"/> Head Office <input type="checkbox"/> Processor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Warehouse <input type="checkbox"/> Slaughter <input type="checkbox"/> Other
If other, please specify:
Products:
<input type="checkbox"/> Unprocessed fibers <input type="checkbox"/> Tops <input type="checkbox"/> Noils <input type="checkbox"/> Fabrics <input type="checkbox"/> Apparel <input type="checkbox"/> Home Textiles <input type="checkbox"/> Accessories <input type="checkbox"/> Other
If other, please specify:

SUBCONTRACTED SERVICES:			
Name	Address	Type of subcontracted service (e.g. warehousing, processing, transport)	Certification status
			<input type="checkbox"/> Uncertified entity <input type="checkbox"/> Independent Certification
			<input type="checkbox"/> Uncertified <input type="checkbox"/> Independent Certification
			<input type="checkbox"/> Uncertified entity <input type="checkbox"/> Independent Certification
			<input type="checkbox"/> Uncertified entity <input type="checkbox"/> Independent Certification



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POST-PRODUCTION: RAF

Brand Certification and Exemptions

(**CCS**: Content Claim Standard, **BNC**: Brand Network Certification Exemption, **100% CM**: 100% Claimed Materials Exemption, **BCL**: Batch Code Label Exemption)

Name	Address	Specifications (parent company, brand)	Module	Products

Distribution Centers (DC)

(Brand DC, contracted DC, wholesaler, licensee, etc.)

Name	Address	Type	Activities (Trading, storage, re-packing, etc.)

Use additional sheet, if needed.

Please sign and send the completed form by email to your Control Union contact person or to certification@controlunion.com. We will revert with a non-obligatory offer.

Undersigned declares to have completed this Application Form truthfully.

NAME, DATE, SIGNATURE

Based on the above information, Control Union Certifications B.V. will draw up a no-obligation offer.