|  |
| --- |
| **1. Application** |
| Company Name  |       |
| Address |       |
| Commercial Activity Type |  [ ] Trade (Purchase and Sale) [ ] Production  |
| Production Place Address |       |
| Legal Authority |       |
| Contact Person / Role in the Company |       |
| Phone / Fax |       |
| E-mail / Web |       |
| Tax Office / No |       |
| **2.** **Business Area Information** |
| Business Size (area) (m2)*(With Subcontractors/ Sub-units, if any)* |        |
| Are there any subcontractors (Outsource)? |  Yes [ ]  No [ ]  |
| If there is a subcontractor (Outsource)Company Name/ Company Production Address |       |
| **3. Application Method** |
| [ ]  | **First Application** |
| [ ]  | **Change Application**[ ]  Change of Address[ ]  Change of Title[ ] Product Addition Application[ ]  Product Content Change |
| [ ]  | **Renewal Application** |
| *If the renewal application is selected, answer the following question.* |
| Will new product be added?[ ] Yes (If to be added, specify the products in detail in the list below and share the declaration form of your current products with USB Certification)[ ] No (For existing products, share the declaration form with USB Certification) |
|  **4. Requested Textile Auxiliary Chemicals and Dyestuffs Information** |
| **Textile Auxiliary Chemical and Dyestuff Product Trade Name** | **Usage Area in Textile** | **Manufacturer** | **SDS Revision Date** | **Production**  | **Trade** |
| 1 |       |   |       |       | [ ]  | [ ]  |
| 2 |       |   |       |       | [ ]  | [ ]  |
| 3 |       |   |       |       | [ ]  | [ ]  |
| 4 |       |   |       |       | [ ]  | [ ]  |
| 5 |       |   |       |       | [ ]  | [ ]  |
| 6 |       |   |       |       | [ ]  | [ ]  |
| 7 |       |   |       |       | [ ]  | [ ]  |
| 8 |       |   |       |       | [ ]  | [ ]  |
| 9 |       |   |       |       | [ ]  | [ ]  |
| 10 |       |   |       |       | [ ]  | [ ]  |
| 11 |       |   |       |       | [ ]  | [ ]  |
| 12 |       |   |       |       | [ ]  | [ ]  |
| 13 |       |   |       |       | [ ]  | [ ]  |
| 14 |       |   |       |       | [ ]  | [ ]  |
| 15 |       |   |       |       | [ ]  | [ ]  |
| 16 |       |   |       |       | [ ]  | [ ]  |
| 17 |       |   |       |       | [ ]  | [ ]  |
| 18 |       |   |       |       | [ ]  | [ ]  |
| **Textile Auxiliary Chemical and Dyestuff Product Trade Name** | **Usage Area in Textile** | **Manufacturer** | **SDS Revision Date** | **Production**  | **Trade** |
| 19 |       |   |       |       | [ ]  | [ ]  |
| 20 |       |   |       |       | [ ]  | [ ]  |
| 21 |       |   |       |       | [ ]  | [ ]  |
| 22 |       |   |       |       | [ ]  | [ ]  |
| 23 |       |   |       |       | [ ]  | [ ]  |
| 24 |       |   |       |       | [ ]  | [ ]  |
| 25 |       |   |       |       | [ ]  | [ ]  |
| 26 |       |   |       |       | [ ]  | [ ]  |
| 27 |       |   |       |       | [ ]  | [ ]  |
| 28 |       |   |       |       | [ ]  | [ ]  |
| 29 |       |   |       |       | [ ]  | [ ]  |
| 30 |       |   |       |       | [ ]  | [ ]  |
| 31 |       |   |       |       | [ ]  | [ ]  |
| 32 |       |   |       |       | [ ]  | [ ]  |
| 33 |       |   |       |       | [ ]  | [ ]  |
| 34 |       |   |       |       | [ ]  | [ ]  |
| 35 |       |   |       |       | [ ]  | [ ]  |
| 36 |       |   |       |       | [ ]  | [ ]  |
| 37 |       |   |       |       | [ ]  | [ ]  |
| 38 |       |   |       |       | [ ]  | [ ]  |
| **5. Have you previously had an Approval Letter through another Certification Body?** |
| [ ]  No |
| [ ]  If yes, please fill in the items below. |
| **Share your final Letter of Approval along with your application form.** |
| Previous Certification Body Name |       |
| Your Previous Customer Number |       |
| Has the approval for the chemical and / or dyestuffs you applied previously been, rejected/ withdrawn or suspended? | [ ]  No |
| [ ]  Yes (If yes, state the reason) |
| Has your application for a letter of approval from another certification body been rejected? | [ ]  No |
| [ ]  Yes (If yes, state the reason) |
| Have you contracted, audited, or approved according to the GOTS Scope4 program in the last 2 years?**NOTE:** Open nonconformities, if any, will continue to apply. | [ ]  No |
| [ ]  If yes, (If yes, please send the previous audit report as the results of the previous audit will be taken into account.) |
| **Other Quality Certificates / Enterprise Certificates** |
| Bluesign®*(Sharing the audit report with us will affect the on-site time criteria.)* | [ ]  Yes [ ]  NoLast audit date:      Certificate validity date:       |
| Has a third-party audit been performed for Other Quality Documents / Initiative Documents / Environmental Management and Safety? (ECO PASSPORT from OEKO-TEX®, Other standards or Initiatives (like ISO 14001, ISO 45001, ZDHC etc.)**NOTE:** If you have a certificate for such standard(s) mentioned above, please share your valid certificates along with the test report. | [ ]  No |
| [ ]  YesStandard name:      Last audit date:      Certificate validity date:       |
| **6. I approve the registration of my contact information into the database of GOTS** [ ]  Yes [ ]  No |
| **7. You can reach the current version of the guides within the scope of GOTS from the link below.** [**https://global-standard.org/resource-library/standard-and-certification**](https://global-standard.org/resource-library/standard-and-certification)[**https://usbcertification.com/en/textile-certification/**](https://usbcertification.com/en/textile-certification/) |
| **8. Local Data Protection Law** |
| The disclosure text is shared at [www.usbcertification.com](http://www.usbcertification.com) within the scope of the Local Data Protection Law. |
| **9. Signature and Date** |
| By signing this application form, I declare the following:- I understand the GOTS requirements for the chemical inputs applied and I declare inputs are compliant, - I have sent an SDS, Technical Document and analysis forms, if any, attached to this form for each chemical entry prepared in accordance with a recognized norm or directive as specified in the GOTS Application Handbook, Section 4.2.1- I grant USB Certification the right to exchange information with other Certification Bodies, Accreditation Bodies and Global Standard gGmbH to verify the authenticity of the information.,- I will inform USB Certification about any relevant changes to the input (s) that have been applied for or have already been approved;• Change of raw material supplier used,• Change of processing method / technology used and even,• Change of raw materials / additives (concentration) used,• Changing the person responsible for the production and evaluation of GOTS Scope 4 products,- I will not use GOTS marks on a product, product packaging, product specifications or SDS (Safety Data Sheet),- I will apply for the use of GOTS marks in accordance with the provisions determined by GOTS during the validity period of the approval letter,- I will share all legal documents related to environmental health and safety with the system plan form. |
| **Legal Authority\*** |       |
| **Role in the Company** |       |
| **Date, Place** |       |
| **Signature and Stamp**\**The legal authority should send us the decleration that he/she has the signature authorization.* |  |