



APPLICATION FOR ISO 14001 CERTIFICATION SERVICES

Please take a moment and complete the form below to the best of your ability. Contact your representative at **American Center for Sustainable Certifications (ACSC)** if you have any questions. The more information you can provide on this application, the more accurately ACSC will be able to quote your certification services. All quotations are subject to revision upon initial site visit. If it is determined the information provided to ACSC on this application was inaccurate or unclear, the quote may be revised.

At a minimum, items with an “*” must be answered to receive a quote.

1.	ORGANIZATION CONTACT INFORMATION				
a)*	Organization Legal Name: _____				
b)*	Main Address:	_____	_____	_____	_____
		Street	City/State/ Province	Postal/ Zip Code	Country
c)	Mailing Address: <i>(If different from Main)</i>	_____	_____	_____	_____
		Street	City/State/ Province	Postal/ Zip Code	Country
d)	Billing Address: <i>(If different from Main)</i>	_____	_____	_____	_____
		Street	City/State/ Province	Postal/ Zip Code	Country
e)*	Primary Contact Certification Services:	_____	_____	_____	_____
		<i>Mr./Mrs./Ms. Name</i>		Title	
		Phone		Email	
f)	Primary Contact Billing (Accounts Payable):	_____	_____	_____	_____
		<i>Mr./Mrs./Ms. Name</i>		Title	
		Phone		Email	

DATE PRINTED:

**2. CERTIFICATION HISTORY**

a) Is this location already certified to any of the following Standards?

ISO 9001:2015 ISO 14001:2015 ISO 45001:2018

IATF 16949:2016 RCMS OHSAS 18001:2007

AS 9100:2016 RC 14001 ISO 50001:2018

b) If your Facility is already certified to any of the Standards listed in 2.a) above, please indicate the name(s) of the Certification Body (Registrar) that you currently use:

c) If your location is currently certified to ISO 14001:2015; how long have you been certified to ISO 14001?

1-3 years 3-6 years >6 years N/A

How many EMS major non-conformities have you been issued in the past 6 years? _____

3. COMPANY INFORMATION

a) Does your organization have any "sister-locations" that perform the same or similar operations? Yes No

If yes, are they certified to ISO 14001:2015? Yes No N/A

b)* **Please complete an ACSC-201.1 Table 1. EMPLOYEE COUNT TABLE for each location you wish to have ACSC provide you a quote.**

c)* Are there any "requirements" that would necessitate more than 30-minutes per audit day of non-audit related time at any of the facilities you would like certified by ACSC? Factors can include travel between locations, security entry requirements, site specific health & safety training, etc. Yes No

If "Yes," please explain: _____

d)* Was a Management System consultant utilized to implement your system? Yes No

If "Yes," the consultant was: _____
Company Name

e)* Did you use a consultant to perform internal management system audits and/or compliance evaluation assessments in the past 2-years? Yes No

If "Yes," the consultant was: _____
Company Name

f)* Did you use a consultant to assist you in meeting regulatory obligations such as preparation of an SPCC plan, Storm Water Plan, Emergency Action Plan, etc., in the past 2-years? Yes No

If "Yes," the consultant was: _____
Company Name



g) Are there any “open/active” environmental regulatory violations (Notice of Violation, Serious Violation, Willful Violation, Repeat Violation, etc.) that are currently under review and/or penalty by a regulatory agency at any of your locations? Yes No

If “Yes,” please describe the situation and steps taken to resolve the violation:



NOTE: Company locations with an existing regulatory violation may require additional audit time at each audit visit, until the violation is addressed and closed.

h) Are there any other tenants/occupants sharing a building(s) at any of the company locations? Yes No

If “Yes,” please describe the situation(s):



i) What is the primary (>51% of staff) language spoken on-site? English Spanish French Other

j) Do any of your locations outsource any production related functions (i.e., paint, heat treat, etc.)? Yes No

If “Yes,” please describe the outsourced process(es) and how you control them:



k) Special or Safety Equipment/Considerations:

- Safety Glasses Steel-toe Shoes Hard Hat Reflective Clothing Hearing Protection
- Respirator Ankle-high Boots Steel Shank Shoes FRC Gloves
- Other _____

l) **What is your current Hazardous Waste Generator Status?** CESQG VSQG SQG LQG Don’t Know?

m) **Do all shifts have similar employee exposure(s) to Significant Environmental Aspect(s)?** Yes No

NOTE: Are there shift(s) or specific job functions where employee exposure(s) to Significant Environmental Aspect(s) is limited or non-existent. This may reduce the audit duration requirement?

If “No,” please describe.





n) **At your location, do you have any Air Permits?** Yes No Check applicable box below.

- Calculated Exemption
- Permit-To-Install
- Title V Operating Permit

NOTE: An existing air permit may require additional audit time at each audit visit.

o) **At your location, do you have any of the following?**

- | | | |
|---|--|--|
| <input type="checkbox"/> Chemical Storage Reporting Requirement (Form R or TRI) | <input type="checkbox"/> Investigation/Remediation Ongoing | <input type="checkbox"/> Chemical Spill Pollution Prevention (e.g., Michigan PIPP) |
| <input type="checkbox"/> Underground Storage Tank (UST) | <input type="checkbox"/> Due Care Plan Requirement(s) | <input type="checkbox"/> Paint Booth |
| <input type="checkbox"/> Aboveground Storage Tank (AST) | <input type="checkbox"/> Storm Water Pollution Protection Plan (SWPPP) | <input type="checkbox"/> Spill Prevention, Control & Countermeasures (SPCC) Plan |
| <input type="checkbox"/> Hazardous Materials or Hazardous Waste | <input type="checkbox"/> Wastewater Treatment On-Site | <input type="checkbox"/> Wastewater Treatment at POTW |
| <input type="checkbox"/> Air Permit(s) | <input type="checkbox"/> PCB Containing Equipment | <input type="checkbox"/> Universal Waste |
| <input type="checkbox"/> Recycling Program(s) | <input type="checkbox"/> EPCRA Reporting (Tier 2) | <input type="checkbox"/> Pesticides/Herbicides Storage for Application |

Describe any chemical storage reporting requirements and identify which chemicals trigger the requirement(s).

N/A

If the property your business is located on has remedial investigation or Due Care obligations from past environmental impacts, please describe.

N/A

If you have a UST, AST or paint booth, please explain their use and related waste or raw material storage practices.

N/A

Please describe any past environmental regulatory violation(s) at your facility.

N/A

p) Is your facility/site located adjacent to a lake, river or wetland? Yes No Don't Know
If next to a wetland, is the wetland greater than 5 acres in size? Yes No N/A

Thank you for the opportunity to provide certification services.

Please remember to complete a Table 1. EMPLOYEE COUNT TABLE for each location.