

IASC Certification Program Application: Product Re-certification



International Aloe Science Council
8630 Fenton Street, Suite 918
Silver Spring, MD 20910

Phone: 301.588.2420 x102
Fax: 301.588.1174
www.iasc.org

DATE:

Contact Information:

Company:

Address:

Address 2:

City/Province:

State/Zip Code:

Country:

Primary Contact:

E-mail:

Phone:

Secondary Contact:

E-mail:

Phone:

In the fields below please list all products for which you are requesting re-certification and indicate if they are a duplicate label.

PRODUCT NAME

Duplicate Label?

| | |
|----------------------|--|
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |
| <input type="text"/> | <input type="radio"/> YES <input type="radio"/> NO |

For Duplicate Label - Enter Product & Company Name Here

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Are your products manufactured at an IASC certified facility?

Manufacturer Name

If your manufacturer is not listed in the drop-down box above, please insert their name in this section.

Raw Material Supplier

Type of Raw Materials Used

IASC Certification Program Application: Product Re-certification



International Aloe Science Council
8630 Fenton Street, Suite 918
Silver Spring, MD 20910

Phone: 301.588.2420 x102
Fax: 301.588.1174
www.iasc.org

PRICING & PAYMENT INFORMATION

IASC Member? YES NO If you are unsure about your membership status please contact the IASC office prior to completing and submitting your application.

| | |
|---|----------------------|
| Member Pricing | |
| 1st Product: | <input type="text"/> |
| Each Additional Product: | <input type="text"/> |
| Number of Products Submitted for Certification: | <input type="text"/> |
| Duplicate Label | <input type="text"/> |
| Number of Duplicate Label Products | <input type="text"/> |
| Total: | <input type="text"/> |

| | |
|---|----------------------|
| Non-Member Pricing | |
| 1st Product: | <input type="text"/> |
| Each Additional Product: | <input type="text"/> |
| Number of Products Submitted for Certification: | <input type="text"/> |
| Duplicate Label | <input type="text"/> |
| Number of Duplicate Label Products | <input type="text"/> |
| Total: | <input type="text"/> |

Credit Card & Payment Information*

- Check payable to:** IASC
- Credit Card**
- American Express**
 - Mastercard**
 - Visa**

Wire Transfer Payments*

Please contact us for details via
email: dpowell@iasc.org
phone: +1 (301) 588-2420

Card Number:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Expiration Date:

Cardholder Name:

Security Code

(3- or 4 -digit code on front or back of card)

| |
|----------------------|
| <input type="text"/> |
|----------------------|

*All Certification Program participants are required to provide valid and current credit card information which will be kept on file. Credit cards will not be charged unless authorized by the program participant, other than in the event of a failure to remit payment of fees in a timely manner.

*Wire transfer payments must include an additional \$35 to cover transfer fees.

By signing and submitting this form, applicants attest that they have read and agree to comply with all applicable policies and procedures of the International Aloe Science Council Certification Program. You are also agreeing to the terms of the [CERTIFICATION MARK AUTHORITY AND LICENSE TO USE](#) which is incorporated by reference into your application as if reproduced here.

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Name of Person Signing Application

Signature