



IASC Certification Program Application: Product Certification



8630 Fenton Street, Suite 123
Silver Spring, MD 20910
817.919.8538 | iasc.org

Company:

Authorizing Individual:

Email:

Phone:

Address Line 1:

Address Line 2:

City:

State:

Zip/Postal Code:

Country:

Primary Contact:

Email:

Phone:

Secondary Contact:

Email:

Phone:

In the fields below, please list all products for which you are requesting certification and indicate if it is a duplicate label.

NEW CERTIFICATION

RECERTIFICATION

Product Name

Duplicate Label?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Duplicate Label: Enter product and company name.

Product Name

Company Name

What product is this a duplicate of?
(Product/Company Name)

IASC Certification Program Application: Product Certification



Are your products manufactured at an IASC certified facility? Yes No

If yes, please select from the list of IASC certified facilities:

The following section to be completed by all applicants.

Facility Name _____ Raw Material Supplier _____ Name of Raw Material _____

Is your company an IASC Member? Yes No

If you are unsure about your membership status, please contact the IASC office prior to completing and submitting your application.

Pricing and Payment Information: An invoice will be mailed for the amount of calculated fees.

IASC Member Pricing		Non-Member Pricing		Product Certification Fees (in \$USD)		
First Product		First Product			IASC Member	Non-Member
Each Additional Product		Each Additional Product		First product certified	\$1,100	\$1,800
Number of Products Submitted for Certification		Number of Products Submitted for Certification		Additional products, certified with first product	\$575/each	\$900/each
Duplicate Label		Duplicate Label		Annual product recertification (first product)	\$880	\$1,200
Number of Duplicate Label Products		Number of Duplicate Label Products		Additional annual product recertifications (same time)	\$575/each	\$900/each
Total		Total		Duplicate labels	\$460/each	\$725/each

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.

Name of Authorized Signer: _____

Authorized Signature: _____

Date: _____

Completed application should be emailed or printed and mailed to:

International Aloe Science Council
8630 Fenton Street, Suite 123
Silver Spring, MD 20910 USA

Email: rysasi@iasc.org