**Application for AllergyCertified Certification**

Please fill out this application document and attach it by product recipe in Redmine.

|  |  |
| --- | --- |
| **Application name and address** | |
| **Name of Company:** |  |
| **Address:** |  |
| **Zip code and city:** |  |
| **Country:** |  |
| **Name of contact person:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Billing information** | |
| **Name of Company:** |  |
| **Department:** |  |
| **Address:** |  |
| **Zip code and city:** |  |
| **Country:** |  |
| **Name of contact person:** |  |
| **E-mail:** |  |
| **Phone:** |  |

|  |  |
| --- | --- |
| **Product information** | |
| **Name of the product:** |  |
| **Is the product private label?** (If yes, what is the name of the product?) |  |
| **Does the recipe have a specific number?**  (If yes, what number?) |  |

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| --- | --- |
| **Type of product** | |
| **Type of product:** (E.g.: shampoo, lotion, deodorant, diaper, wipes, lip product etc.) |  |
| **Skin exposure:**  (E.g.: Leave on/rinse off) |  |

|  |  |
| --- | --- |
| **Trade information** | |
| **Trade name:**  (Be precise) |  |
| **Dealer list:** |  |
| **Expected to be on the market by:**  (Date: dd/mm-yy) |  |

|  |  |
| --- | --- |
| **Contact information regarding the approval of the recipe** | |
| **Contact name:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Address:** |  |
| **Zip code & city:** |  |
| **Country:** |  |