



# Clear Origin Certification

Please first download this form, then fill it in, then save it and send the completed form as an attachment, to the following e-mail: **info@traceables.com**

**Business name (Full legal name please)**

**Brand name or trade name**

**YOUR NAME OR CONTACT PERSON**

**First name**

**Last name**

**Title or position**

**Date (MM/DD/YY)**

**OFFICIAL CONTACT DETAILS:**

**Full name:**

**Tel:**

**E-mail:**

**Company Address:**

**Website:**

**Preferred contact method** (e-mail or telephone)

**How many products would you like to certify?**

**What are the names of these products?** (Please separate the product names with a comma , )

**Do you have several products that contain very similar ingredients? (yes/no)**

**Which categories best describe your products? Please select all that apply.**

Food

Biofuel

Supplements

Furniture

Personal Care

Apparel

**Does your product contain multiple ingredients or is it a single ingredient?**

Single ingredient

Multiple ingredients

I have both single-ingredient and multi-ingredient products.

**Disclosure of all ingredients in your product/s** (Product name: followed by ingredients separated by commas , )

**What is your primary motivation for seeking Clear Origin certification?**

Market demand

Personal / Company ethics

Direct consumer requests

Marketing / Sales strategy

Retailer request

Desire 3rd party verification of existing best practices

**How did you learn about Clear Origin Free?**

On verified product

News media or industry publication

From an acquaintance

Trade show

Internet or social media

Public figure

Grocery store or retailer

Other:

**By filling in your full name in the field below you agree that all the information you have entered in this document is legally accurate.**

**Full name:**

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