

CMA/CFTI Compostability Profile Submittal Sheet- CEDAR GROVE FACILITY

To Be Submitted By Manufacturer Only.

Compost Manufacturing Alliance	Code (Lab Use Only):	Date:
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A. General Information

Manufacturing Site Address: _____ City ST Zip _____ Phone/Fax: _____ E-mail: _____	Manufacturer Name: _____ Contact: _____ Position _____ <div style="text-align: right;"><input type="checkbox"/> Other</div>
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C: Manufacturer Certification:

1. ____Initial I hereby certify that all samples and/or technical information provided for Cedar Grove and CMA/CFTI testing/review is supplied directly by the manufacturer.
2. ____Initial I hereby certify that the above and attached description is complete, accurate, and that the items submitted for testing are consistent with material received and represented by the above noted item numbers for purchase and use in the market place.
3. ____Initial I certify that samples submitted meet ASTM D6400 (bioplastic), ASTM D6868 (paper/bioplastic) criteria for biodegradability (compostability), and that any and all results from ASTM tests completed are submitted with this profile for proof of that standard. (Where Applicable)
4. ____Initial Manufacturer must agree to non-disclosure unless (a) requesting only test results on samples (b) meeting all Cedar Grove and CMA/CFTI guidelines (including acceptable ASTM lab results).
5. ____Initial I acknowledge that Cedar Grove and CMA/CFTI reserves the right to purchase submitted items independently for testing accuracy. Any response indicating an item satisfactorily passed our test does not apply to any other item than specific item (or SKU) tested (whether deemed related or unrelated in content or manufacturing method) and no longer applies to the item tested where there is any variation in the contents or manufacturing process of the item.
6. ____Initial To remain on our list of Accepted Food Service Ware, we reserve the right to test items purchased directly by us or to require annual retesting or certification to ensure no changes in content and/or manufacturing process, at our discretion.
7. ____Initial The testing on an item and an indication of acceptance does NOT authorize ANY use of Cedar Grove or CMA/CFTI logos, trademarks, trade names, letterhead or company name on such item, on the packaging of such item, or in the marketing of such item. Any such uses can be authorized, at our discretion, only pursuant to a formal written license agreement through our affiliate, Cedar Grove Packaging * LLC and the Compost Manufacturing Alliance.
9. ____Initial I acknowledge that this profile is good for one (1) year from signed date by Cedar Grove *, and that annual technical review, testing and recertification may be required to ensure products are the same as initial samples submitted.

 ____Initial It is acknowledged CFTI will not use or disclose any of Manufacturer's information except for the sole purpose of the testing, and that to the extent that Manufacturer receives any information from CFTI other than solely test results, that Manufacturer shall make no use of such information except as permitted in writing by CFTI. CFTI shall retain records of its testing in accordance with its retention policies.

Manufacturers' Authorized Signature:
 (please print out form and sign) _____ **Date:** _____

Name (print): _____

Please see back page to complete submittal sheet

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B. Sample Information

List all samples submitted and additional information used for identification

Sample Description	ID#	What is it made of? (100%)	Manufacturer	Comments	Results*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

* Tested items will be noted as PASS / FAIL. Items Accepted by Technical Review will be noted as SA (Substrate Acceptance), Items Accepted by Line Item Acceptance will be noted as (LIA) Profile must be accompanied by signature of authorized Compost Feedstock Testing Institute representative to designate official approval. Annual recertification may be required in writing or through testing.

D: Comments (Lab Use Only): _____

CMA/CG Authorization: _____ Signature Date: _____
Profile expires one year from date- recertification required

Name (print): _____