



Compost Manufacturing Alliance, LLC- COMPOSTABILITY PROFILE

FACILITY: Cedar Grove Composting, Everett, Washington.

To Be Completed by Manufacturer Only.

CMA Ref #: _____

Form v.08202018ST

General Information

Submitter name/co: _____	Manufacturer Name: _____
Billing Address: _____	Mfg. Site Address: _____
City, State, Zip: _____	City/State: _____
Phone: _____	Contact: _____
E-Mail: _____	Position/Title: _____

Manufacturer Certification

1. _____ *Initial* I hereby certify that all samples and/or technical information provided for CMA testing/review is supplied 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 attached, noted item numbers for purchase and use in the market place.
3. _____ *Initial* I hereby certify that samples submitted meet ASTM D6400 (bioplastics), ASTM D6868 (paper/bioplastics), criteria for biodegradability (compostability), and that any and all results from ASTM tests completed are submitted with this profile for proof of meeting that standard, or are represented by an equivalent certification (BPI or Vincotte, or meets EN13432 specifications.)
4. _____ *Initial* Manufacturer must agree to non-disclosure unless: (a) requesting only test results on samples (b) meeting all CMA guidelines (including acceptable ASTM analytical reports).
5. _____ *Initial* I acknowledge that CMA reserves the right to purchase items represented by this submission to independently test for accuracy and integrity. Any response indicating an item satisfactorily passed our test does not apply to any other item than the specific item listed herein (or by corresponding SKU) tested, whether deemed related, unrelated in content or manufacturing method. Any results from this test would not apply to any item or items where there is variation in the contents or the manufacturing process.
6. _____ *Initial* To remain on any list of commercially accepted items for any facility or group of facilities that gain acceptance from CMA, CMA reserves the right to test items directly acquired by CMA, or to require annual testing or recertification at our request and discretion to ensure no changes in content or manufacturing process have occurred.
7. _____ *Initial* The testing for an item and an indication of acceptance by one or any CMA facilities does NOT authorize any use of facility or CMA logos, trademarks, trade names, letterhead, or company name on such item, related marketing, educational or promotional material of such item. Any such uses can be authorized, at our discretion, only pursuant to a formal written license agreement through the Compost Manufacturing Alliance, LLC.
8. _____ *Initial* I acknowledge that this profile is good for one (1) year from signed date by CMA, and that annual technical review, testing and recertification may be required and requested to ensure products remain the same as initial samples submitted.
9. _____ *Initial* It is acknowledged that CMA will not use or disclose any of the manufacturer's information except to the manufacturer (or any agent of the manufacturer that is designated, in writing, by the manufacturer) for the sole purpose of testing, and that to the extent that the manufacturer receives any information from CMA other than the sole test results, the manufacturer shall make no use of such information except as permitted in writing by CMA. CMA shall retain records of its testing in accordance with its retention policies and protocols.

Manufacturer's Authorized Signature: _____ **Date:** _____

Name (print): _____

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CMA use only (submitter): _____

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C. Sample Information (list of all samples submitted and additional information and reference numbers for tracking and identification)						CMA USE ONLY
Sample Description	ID#	*Constituency, 100%	Manufacturer	Please provide information on fluorinated chemicals or PFAs that may be present in your product.	Comments	Results
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*Include all coatings and treatments

D. Comments (CMA Lab Use Only): _____

CMA Authorization: _____ Date: _____

Name (print): _____