



Green Shield Certified Annual Certification Form

Please answer all questions with the most current information. All data provided is kept confidential.

Company Information:

Company name:

Green Shield Certified (GSC) service name (if applicable):

Business license no(s)/state(s):

Street address:

City, state, zip:

Phone:

Number of locations:

Number of employees:

GSC contact:

Name:

Title:

Phone:

Certification/licenses:

Agency:

Number:

Category:

Exp. Date:

Service Information:

Geographic location(s) (e.g., counties) served:

Number of GSC accounts served:

Total square feet or acreage serviced:

If your company surcharges for GSC services, please select from the options below the average percentage of higher service charges (or no difference) for GSC versus conventional services. Choose N/A if you are a certified company.

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> 0-19% higher | <input type="checkbox"/> 60-79% higher | <input type="checkbox"/> N/A |
| <input type="checkbox"/> 20-39% higher | <input type="checkbox"/> 80% higher | |
| <input type="checkbox"/> 40-59% higher | <input type="checkbox"/> No difference | |



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Market segments (check all that apply and provide number of buildings serviced, if able):

- | | |
|--|--|
| <input type="checkbox"/> residential #: | <input type="checkbox"/> nursing homes #: |
| <input type="checkbox"/> commercial #: | <input type="checkbox"/> restaurants #: |
| <input type="checkbox"/> schools #: | <input type="checkbox"/> hospitality (e.g., hotel, motel) #: |
| <input type="checkbox"/> childcare facilities #: | <input type="checkbox"/> places of worship #: |
| <input type="checkbox"/> hospitals #: | <input type="checkbox"/> military installations #: |
| | <input type="checkbox"/> other (describe): #: |

Types of services (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> bed bugs | <input type="checkbox"/> mosquitoes/ticks |
| <input type="checkbox"/> birds | <input type="checkbox"/> sanitation/cleaning services |
| <input type="checkbox"/> carpenter ants | <input type="checkbox"/> termites |
| <input type="checkbox"/> carpentry services | <input type="checkbox"/> wildlife/vertebrates |
| <input type="checkbox"/> general exclusion | <input type="checkbox"/> other (describe): |
| <input type="checkbox"/> mold remediation | |

Existing clients:

Please provide one to two brief updates on the status of your IPM Improvements identified during the evaluation and one goal you are working on:

Please provide comments or suggestions for improvements you would like to see implemented by GSC or the IPM Institute: