



Greenhealth
A P P R O V E D

Greenhealth Approved Application for Gloves

Contact Information

1) Contact Information

First Name*: _____

Last Name*: _____

Title*: _____

Company Name*: _____

Street Address*: _____

Apt/Suite/Office: _____

City*: _____

State*: _____

Zip: _____

Email Address*: _____

Phone Number*: _____

URL*: _____

State of Incorporation: _____

How did you hear about Greenhealth Approved?*

Do you have the legal authority to sign the vetting and licensing agreements?*

Yes

No

2) Please provide authorized signer information

Name: _____

Title: _____

Email Address: _____

Company Profile

3) Does your company meet any of the following ownership or governance structures?*

Woman owned

Minority owned

B-Corporation

Board includes at least 2 diverse members (As currently defined by NASDAQ: Persons who self-identify as female and one who self-identifies as either an underrepresented minority¹ or LGBTQ+)

Fair Labor Association Accreditation

Veteran Owned

Employee owned

None of the above

4) Does your organization conduct a greenhouse gas (GHG) inventory (annual or otherwise)?*

Yes

No

5) Has your organization set targets for emissions reductions (science-based or otherwise)?*

Yes

No

6) Select the annual revenue (gross sales) range that fits your company*

Less than \$1,000,000

\$1,000,000-\$4,999,999

\$5,000,000-\$9,999,999

Greater than \$10,000,000

Product Sustainability Profile

7) Please provide the country of origin for the products you are submitting (This is for data collection purposes only and is not a measured criteria)

*

	Product Line	Manufacture Country of Origin
Platform 1		
Platform 2		
Platform 3		

8) Please describe what sustainability attributes your product carries and/or what sustainability challenge your product addresses.*

Examples: Reusable textiles free from PFAS -or- Supports the circular economy through packaging innovations.

Product and Sales Information

9) Only products sold in the US are eligible for the Greenhealth Approved Seal. Please confirm below that your products meet this criteria.*

Yes

No

10) How many products are you applying for to use the Greenhealth Approved seal?*

11) What is your annual revenue for the products you wish to license to the Greenhealth Approved seal?*

12) Are there proprietary ingredients in your product(s)? *(If so, please be aware that an additional fee will be charged for the review of those ingredients)*

Yes

No

13) Did your company participate in the Healthier Hospitals Initiative?*

Yes

No

I don't know

Document Upload

14) Please upload the Greenhealth Approved Gove Intake Form that can be found on the Greenhealth Approved website. Please note a different vetting workbook exists for each category and the links below will direct you to the appropriate category page. REMINDER, RIGHT CLICK and open the page in a separate tab.

Gloves

Thank You