**Green Label Plus™ Participant Information Update Form**

This document is to be used by the Green Label Plus (GLP) participant to notify The Carpet and Rug Institute, Inc. (CRI) of changes that may affect participation in the GLP program.

Please indicate the type of change and complete the corresponding section:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Company name change and/or legal status (ie. Corp to LLC)** | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Previous Name: | | | | |  | | | | | | | | | | Previous Status: | | |  |  |
|  | New Name: | | |  | | | | | | | | | | | | New Status: | |  | |  |
|  |  | |  | | | | | | | | | | | | |  | | |  |  |
|  | **Company principal place of business address change** | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  | Address Line 1: | | | | | |  | | | | | | | | | | | |  |  |
|  | Address Line 2: | | | | | |  | | | | | | | | | | | |  |  |
|  | City: | | | | | |  | | | | | | | | |  | | |  |  |
|  | State/Province: | | | | | |  | | | | | | | | |  | | |  |  |
|  | Zip/Postal Code: | | | | | |  | | | | | | | | |  | | |  |  |
|  | Country/Region: | | | | | |  | | | | | | | | |  | | |  |  |
|  |  | | | | | |  | | | | | | | | |  | | |  |  |
|  | **Company merger or acquisition (Please describe below)** | | | | | | | | | | | | | | | | | | |  |
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|  | **Participant contact change** | | | | | | | | | | | | | | | | | | |  |
|  | Contact Type: | | | | | |  | | | | |  | | | | |  | | |  |
|  | Previous Full Name: | | | | | | | |  | | | | | | |  | | |  |  |
|  | New Full Name: | | | | | | | |  | | | | | | |  | | |  |  |
|  |  | | | | | | | | |  | | | | | |  | | |  |  |
|  | Facility Name/Location (Facility Contact Only): | | | | | | | | | |  | | | | | | | | |  |
|  |  | | | | | | | | | | | |  | | | | | | |  |
|  | Title: |  | | | | | | | | | | | Email: |  | | | | | |  |
|  |  | | | |  | | | | | | | |  |  | | | | | |  |
|  | Office Phone: | | | | |  | | | | | | | Mobile Phone: | |  | | | | |  |
|  |  | | | | | | |  | | | | |  | |  | | | | |  |
|  | Address Line 1: | | | | | |  | | | | | | | | | | | |  |  |
|  | Address Line 2: | | | | | |  | | | | | | | | | | | |  |  |
|  | City: | | | | | |  | | | | | | | | |  | | |  |  |
|  | State/Province: | | | | | |  | | | | | | | | |  | | |  |  |
|  | Zip/Postal Code: | | | | | |  | | | | | | | | |  | | |  |  |
|  | Country/Region: | | | | | |  | | | | | | | | |  | | |  |  |

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|  | **Change in the formulation of a certified product (Please describe below)** | | | | | |  |
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|  | **Change description (Displayed on the website and certificate)** | | | | | |  |
|  |  | | | | | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  |  |  | |  |  | |  |
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|  |  | |  | |  |  |  |
|  | **Withdraw from GLP Program** | | | | | |  |
|  |  | | | | | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  | Product Category: |  | | GLP Number: |  | |  |
|  |  | |  | |  |  |  |
|  | **Other** | | | | | |  |
|  |  | | | | | |  |

***\*\* Manufacturing location changes require an updated Product Registration Form.***

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| --- | --- |
| Effective Date of the Change: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GLP Coordinator Print Name: |  |  | Signature: |  |
| Company Name of Participant: |  |  | Date: |  |