

## GLOBAL DISTRIBUTION PARTNER APPLICATION

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Please return all application materials to:

NATIONAL ASSOCIATION OF CHEMICAL DISTRIBUTORS  
1560 WILSON BOULEVARD, SUITE 1100, ARLINGTON, VA 22209  
TEL: (703) 527-NACD (6223) FAX: (703) 527-7747 EMAIL: JJENKINS@NACD.COM

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Global Distribution Partners (GDP) are international distribution companies that are involved in chemical distribution and take title<sup>1</sup> to products but do not have fixed facilities in the U.S.\*\* (i.e. no headquarters, division offices, warehouses or stocking locations, etc.). Joining NACD as a GDP gives the applicant Affiliate status with NACD and access to its meetings, programs, and services at discounted rates.

\*\*If applicant has U.S. facilities, do not complete this form. Instead, please use the Distributor Membership Application on our website at [www.nacd.com/join/dist](http://www.nacd.com/join/dist).

**Failure to complete any portion of this application may delay processing.**

### Applicant/Official Company Representative (Primary Contact)

*(Please Print or Type)*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Primary Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mobile

\_\_\_\_\_  
Website

\_\_\_\_\_  
Email

### Additional Contact (Secondary Contact)

*(Please Print or Type)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address (If different than above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Mobile

<sup>1</sup>A company that takes title (ownership) of products between the time they are purchased and the time they are delivered.

**Billing Contact (Accounts Payable)***(Please Print or Type)*

Name	Title
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Address			
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City	State/Province	Postal Code	Country
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Telephone	Fax	Mobile
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- A.** Has your company or any parent/predecessor company previously held membership/affiliation with NACD under its current name or any other names? (Check yes or no below and define relationship if yes.)

\_\_\_ Yes \_\_\_ No If yes: \_\_\_\_\_

- B. Dues:** Company's previous year's Annual Sales: \$ \_\_\_\_\_ for your firm's total chemical distribution sales, all subsidiaries and branches, including, but not limited to, warehouse; third party; consignment; or brokerage/agency sales.

**Annual Affiliate Fee**

(Dues Year: July 1 – June 30)

**\$5,250****Note: Applications must be submitted to NACD with full Affiliate fee payment.****Application Submission Deadline Schedule: July 2020; October 2020; January 2021; April 2021****C. Company Profile**

1. Does company take title<sup>2</sup> (ownership) to goods?  No  Yes, what percent: \_\_\_%
2. What percentage of the company's annual sales is attributed to distribution?  > 50%  < 50%
3. Total number of employees in company: \_\_\_\_\_
4. Total number of customers: \_\_\_\_\_
5. Has your company been third-party verified in any of the Environmental, Health, Safety & Security Management systems below? \_\_\_ Yes \_\_\_ No

(Check all that apply)

 Responsible Distribution Canada  ASSOCIQUIM (Brazil)  ANIQ (Mexico)

 ISO 14001  Responsible Care®

 Other (please specify): \_\_\_\_\_

- ✓ If you checked any of the above, submit a copy of your current (issued within the last three years) third-party-verification certificate.

6. Is your company a member of your country's trade organization? \_\_\_ Yes \_\_\_ No

✓ If yes, please list: \_\_\_\_\_

<sup>2</sup> A company that takes title (ownership) of products between the time they are purchased and the time they are delivered.

7. Is your company of a member of the International Chemical Trade Association? \_\_\_\_ Yes \_\_\_\_ No

Check all that apply:

- ANIQ (Mexico)                       ASSOCIQUIM (Brazil)                       Chemical Business Association (England)
- Irish Association of Chemical Distributors (Ireland)       FECC (Europe)       VCH (Germany)
- Responsible Distribution Canada                       Other \_\_\_\_\_

8. Does your company blend?  Yes  No  Yes, number of locations: \_\_\_\_\_

9. Number of facilities: \_\_\_\_\_

10. Number of owned and operated warehouse locations: \_\_\_\_\_

11. Number of owned and operated terminal locations: \_\_\_\_\_

12. Number of leased warehouse locations: \_\_\_\_\_

13. Number of leased terminal locations: \_\_\_\_\_

14. Please list the full address of facilities from questions 8-13 (Attach a separate sheet, if necessary)

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15. Does your company have a minority business certification? No \_\_\_\_ Yes \_\_\_\_ Type \_\_\_\_\_

16. Is company family owned?  Yes  No

17. What percent does your company do of the following?

\_\_\_\_\_ Full Line/Re-Packer      \_\_\_\_\_ Factory Pack      \_\_\_\_\_ Trader/Broker

18. Company Description – Note: NACD reserves the right to edit your company description.

Provide a brief (50 words or less, use a separate sheet if necessary) company description:  
Note: NACD reserves the right to edit your company description for online Membership Directory.

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19. NACD will send you regular communications about programs and events. Please select your areas of interest. Check all that apply:

- Networking (Meetings/Events)                       Education/Training (Executive Education, NACD U, Webinars)
- Legislative & Regulatory News                       Responsible Distribution                       Join a Committee

**D. Product Information** (Circle all that apply.)

<u>Code</u>	<u>Product/Service</u>	<u>Code</u>	<u>Product/Service</u>
A	Acids and Alkalis	K	Naval Stores – Turpentine Resins and Pine Oil
B	Agricultural Chemicals	L	Oils – Vegetable and Animal
C	Bagging and Dry Bulk	M	Pigments, Dyestuffs, Fillers
D	Custom Blending and Packaging – Liquid	N	Plating Chemicals and Metals
E	Containers – Plastic, Metal, and Paper	O	Resins
F	Detergents, Surfactants, Emulsifiers, and Wetting Agents	P	Solvents – Organic and Related
G	Equipment – Mixing, Packaging, Machinery	R	Specialties and Industrial Miscellaneous
H	Food, Drug, and Cosmetic Chemicals	S	Water Treatment Chemicals
I	Compressed Gas Packaging	T	Other(s), please list:
J	Laboratory Reagents and Fine Chemicals		_____

**Market Codes/Industries Served – General Industry, (AG) Agricultural, (FI) Fine Ingredients:** (Check all that apply.)**Market Codes**

- A** Aerospace  
 **B** Appliances  
 **C** Automotive  
 **D** Bioremediation  
 **E** CASE/Adhesives & Sealants  
 **F** Construction  
 **G** Electronics  
 **H** Energy: Oil & Natural Gas  
 **I** General Manufacturing  
 **J** Glass & Refractory  
 **K** HI&I Cleaners & Compounding: Soaps  
     Detergents  
 **L** Marine  
 **M** Metal Finishing  
 **N** Mining  
 **O** MRO  
 **P** Municipal  
 **Q** Nanotechnology  
 **R** Paints, Coatings, Ink & Graphic Arts  
 **S** Petroleum & Lubricants  
 **T** Plastics  
 **U** Primary Chemical Processing  
 **V** Printing & Packaging  
 **W** Pulp & Paper  
 **X** Power Generation  
 **Y** Textiles  
 **Z** Tires & Rubber  
 **Z1** Water Treatment

**Agricultural**

- A1** Plant/Crop Nutrients (AG)  
 **A2** Pesticides (AG)  
 **A3** Herbicides (AG)  
 **A4** Adjuvants (AG)

**Fine Ingredients**

- F1** Food (FI)  
 **F2** Pharmaceuticals (FI)  
 **F3** Personal Care & Cosmetics (FI)  
 **F4** Nutraceuticals (FI)  
 **F5** High Purity Chemicals (FI)  
 **F9** Other

**Services**

- A** International Chemical Import / Export / Trading  
 **B** Chemical Warehousing - Third Party  
 **C** Chemical Logistics  
 **D** Custom Blending / Packaging-Liquid  
 **E** Bagging & Dry Bulk  
 **F** R&D / Laboratory services  
 **G** HazWaste Removal  
 **H** Solvent Reclamation  
 **I** Technical training  
 **O** Other

**E. Sponsor Statement**

The sponsor must be a Regular distributor member of NACD. For a listing of NACD Regular members in good standing, visit "Find a Responsible Distributor" at [www.nacd.com/about/find-a-responsible-distributor/](http://www.nacd.com/about/find-a-responsible-distributor/).

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Applicant Company

The applicant meets the basic requirements for participating as a Global Distribution Partner based on information available to me.

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Sponsor First & Last Name

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Company Name

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Email/Telephone

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Remarks

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Signature/Print Name

Date

Sponsors: Email this completed form to [jjenkins@nacd.com](mailto:jjenkins@nacd.com) Attn: Membership Department

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**A Global Distribution Partner's benefits shall include:**

1. Attendance at association meetings/webinars at the Affiliate rate.
2. Access to our web-based online courses through NACD U at discounted rates.
3. Receipt of the weekly NewsBrief and ChemBytes emails; and receipt of NACD's quarterly *Chemical Distributor Magazine*.
4. A listing as an Affiliate in the NACD Membership Directory and on NACD's website.

**Restrictions as a Global Distribution Partner (GDP) include:**

1. This is a non-voting affiliation.
2. There will be no use of the NACD logos.
3. Acceptance of applications is limited to those companies implementing one of the management systems noted in #5 above and holding a membership in their home country's association and/or ICTA. Additionally, GDP Affiliates cannot have a U.S.-based operation (Such firms must join under the NACD Regular distributor member category).

**F. Terms of Agreement**

I, \_\_\_\_\_, have read and understand the qualifications for the NACD *Global Distribution Partner* Program outlined in the application and understand \_\_\_\_\_

*Full Name*

*Company Name*

meets eligibility and participation requirements. On behalf of my company, I also understand that by signing this application, \_\_\_\_\_ agrees to participate in an affiliation with NACD member companies that, as a condition of membership, are committed to a comprehensive effort to enhance and communicate the professionalism and stewardship of the chemical distribution industry. Failure to comply with these terms and conditions of the NACD *Global Distribution Partner* Program will result in termination of the Agreement and the cessation of our company's right to use the *Global Distribution Partner logo* in any other way publicly identify itself with NACD. NACD retains sole authority to determine whether a company is in compliance with its obligations under this Agreement.

*Company Name*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed (MUST be official company representative, listed on page 1)

\*\*\*\*\***FOR INTERNAL USE ONLY**\*\*\*\*\*

**Completed for:** \_\_\_\_\_  
*Company Name*

**F. MARC Approval**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

**G. Regional Approval**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

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