



BRC Application for Certification

Company Name	
Parent Company Name	
Company Address:	
Mailing Address (if different)	
Legal Status of Applicant (LLC, Ltd, Inc., L.P. etc.)	
Primary Contact	
Position/ Title	
Office Phone Number	
Cell Phone Number	
Fax Number	
E-mail address	
Emergency Contact	
Phone Number	
If English is not the primary language at the site please list:	



Please complete all questions within the Application. If something does not apply, please indicate “NA” where appropriate.

<p>Circle the audit type requested:</p>	<p>Initial Certification OR Recertification</p>
<p>Unannounced audit? Note: FSNS C&A must have been notified of the intent to participate in an unannounced program within 3 months of the most recent certification audit.</p> <p>If an unannounced audit is requested, please indicate if an Option 1 or Option 2 protocol will be followed. Refer to part 2 of Section 3 of the BRC Global Standard for Food Safety, Issue 7. For more information please contact FSNS C&A.</p> <p>If an unannounced audit is requested please provide which dates you wish to be “Blacked-Out” or ineligible for unannounced audit. Option 1 allows for up to 15 days to be blacked-out while Option 2 allows for up to 10 days to be blacked-out</p>	<p>Yes or No</p>
<p>If requesting a Scope Extension ¹: List any products or processes not included in the previous certification audit which should be included in a scope extension audit:</p>	<p>Yes or No</p> <p>Products: _____</p>
<p>If your facility has been previously certified by someone other than FSNS, please provide your BRC Site code and certificate number.</p>	<p>Yes or No</p> <p>Site Code: _____ Certificate Number: _____</p>
<p>If known, please circle the product categories requested – Please refer to Appendix 6 of the BRC Global Standard for Food Safety</p>	<p>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18</p>

¹Scope extension may be necessary if products the client desires to be certified were not included in the scope of the certifying audit or additional process technology or processes were added. Contact FSNS C&A for more information regarding the scope extension requirements.



Please list products produced.
Please describe processes utilized.
Describe intended use (raw consumption, further processing, retail, food service, etc):
Please describe packaging systems used at your facility. (Examples: vacuum packaging, bulk or Modified Atmosphere Packaging)
How are finished products stored at your facility? (Examples: ambient, refrigerated temperature, frozen or controlled atmosphere)
Please define your risk level (Low-risk, High-care, High-risk, Enclosed as defined in appendix 2 of the BRC Global Standard for Food Safety):
Does your facility produce fully cooked products?
Are products produced shelf stable?
Are products labelled to be fully cooked by the consumer prior to consumption?



Intended use of the products produced (further processing, food service, retail, institutional use, etc):
How are products shipped from your facility? (Example: bulk, van trailer, refrigerated trailer, rail car)
Are your products seasonal? (Example: do you process products only once a year, or a few times a year?)
Please list regions exported to:
Has your facility had any additional regulatory enforcement activity within the past 12 months? If so, please explain:
Has your facility had a recall, withdrawal, stock recovery, or other food safety incident that required public notification in the past 12 months? If so, please explain:
Please list any products or processes that you do not want included in your certification.
a) None b) Products to exclude: _____
If applicable, please explain how products not included in the scope of certification are clearly differentiated. Note: this must include: different product from that included in the scope, separate equipment and produced in a separate area of the facility.
a) N/A b) Explanation of differentiation of excluded product(s): _____



Voluntary Module 8 – Traded Goods: Does your facility receive materials that are “cross-docked” or stored on-site and later shipped without further processing (See definition of Traded Goods in BRC Issue 7)? If so, this process must be included or excluded from the scope of the certification audit.

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Other Voluntary Modules – Mgmt of Food Materials for Animal Feed (VM 9); Global GAP Chain of Custody (VM 10); Meat Supply Chain (VM 11); FSMA Preventative Controls & FSVP Preparedness Module; Culture Excellence Module?

<p>a) Yes or No</p> <p>b) If yes, include: _____</p>
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Total number of employees expected in a shift (including: production, QA, management, shipping/receiving, warehousing, etc.)	
Total number of employees including management	
Number of Production Shifts and typical operating hours.	
Size of facility within the stated scope of certification (sq. ft.)	
Number of production lines/ processes	
Number of HACCP plans:	
Please list each HACCP plan (For example: Raw Ground, Raw not Ground, etc.)	
Number of CCPs	
List CCPs:	



Please provide any other relevant information where necessary:	
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Undersigned declares that the information provided on this form is correct and accurately represents the facility wishing to be certified. The undersigned also agrees to assist in the certification audit and provide all necessary information to the auditor that is relevant to the standard and the scope of the certification. Furthermore, the parties executing this form on behalf of the parties hereto represent that they have the authority to sign this form on behalf of the party for whom they are signing.

Name: _____ **Position:** _____

Signature: _____ **Date:** _____