



Application for Certification – BRC Storage and Distribution

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.

Circle the audit type requested:	Pre-Assessment Initial Certification Re-certification
<p>Unannounced audit? (must be in accordance with BRC unannounced requirements)</p> <p>Unannounced audits only – BRC allows you to select up to 15 blackout dates on which the unannounced audit may not take place. This does not include weekends or federally recognized holidays. Please list your requested blackout dates.</p>	Yes or No
<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 – Refer to Appendix 2 section 7 of the BRC Global Standard for Food Safety</p>	1, 2, 3

¹ Scope 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.

¹ Surveillance audit is required if a C grade is received.

² A change in the scope of certification may be necessary to add Food Sector Categories, to include new products in the scope of certification or to add products previously excluded from the scope of certification.



Please describe services provided at your facility: (Example: Transportation, storage, wholesale, self-branded products, product inspection, contract packaging, etc.)

Please describe the types of products stored at your facility: (Example: Meat, unpackaged vegetables or dry flour)

How are products stored at your facility? (Examples: ambient, refrigerated temperature, frozen or controlled atmosphere such as ripening rooms)

How are products shipped from your facility? (Example: bulk, van trailer, refrigerated trailer, rail car)

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: Note:

Products intended to be excluded from the scope of the audit must be defined prior to the audit and must be clearly differentiated from products included in the scope (i.e. products must be produced in an another area of the facility and on different equipment).

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.)	
Please provide any other relevant information.	

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:** _____