



## SQF Application for Certification

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



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
SQF Level desired:	Level 1                      Level 2                      Level 3
If known, please circle the Food Sector Categories requested – Please refer to Appendix 1 of the SQF Code	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35
If your facility has been previously certified by someone other than FSNS, please provide your SQF certificate number.	Yes or No Certificate Number: _____
Surveillance Audit Needed <sup>1</sup> ?	Yes or No If yes, please provide the due date: _____
Changing the Scope of Certification <sup>2</sup> :	Yes or No

<sup>1</sup> Surveillance audit is required if a C grade is received.

<sup>2</sup> 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.

Unannounced audits	
Is an unannounced audit requested?	Yes or No
If so, you are allowed to select “black-out dates” on which the audit may not be performed. SQF only allows the use of blackout dates for dates on which the facility is not operating. Blackout dates may not be used for vacations and employee-related issues. Auditors are required to verify that the plant was not operational on requested blackout dates.	NA Blackout dates requested: _____ _____



**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)



<b>How are products shipped from your facility?</b> (Example: bulk, van trailer, refrigerated trailer, rail car)
<b>Are products seasonal?</b> (Example: do you process products only once a year, or a few times a year?)
<b>Please list regions exported to:</b>
<b>Has your facility had any additional regulatory enforcement activity within the past 12 months? If so, please explain:</b>
<b>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:</b>
<b>Please list products or processes that you do not want included in your certification.</b>



**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.

--

<p><b>Please list those sections of the code for which you wish to be exempt, if necessary. You must provide justification for the exempt request.</b> Note: a request for an item to be exempt does not guarantee that the exemption will be granted. The request must be approved by the certification body. Items exempt will be listed on the Scope Proposal Form.</p>	
--	--

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	
Please list each HACCP plan (For example: Raw Ground, Raw not Ground, etc.)	
Number of CCPs	
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:** \_\_\_\_\_