



### Application for certification

CIPRS

CIPRS+ HACCP

CGC HACCP

Company name _____	
Address _____ _____	
Contact name _____	Title _____
Telephone No. _____	
Email address _____	
Licensed by CGC <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Applies only to facilities in Thunder Bay and Western Canada.</i>	
Number of employees _____	Date of application _____

Existing QMS or FSQMS? (e.g. ISO certification or HACCP recognition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please specify _____	
Consultant used to develop QMS/FSQMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide name and organization _____	

Processes to be included in program scope			
<input type="checkbox"/> Production (by applicant)	<input type="checkbox"/> Production (grower contracts)		
<input type="checkbox"/> Storage	<input type="checkbox"/> Packaging	<input type="checkbox"/> Processing (receiving, cleaning, sizing)	
<input type="checkbox"/> Retail product	Other (please specify) _____		
Shipping method <input type="checkbox"/> Bulk (vessel) <input type="checkbox"/> Container – bulk <input type="checkbox"/> Container - bag			

Crops to be included in program scope						
<input type="checkbox"/> Soybean	<input type="checkbox"/> Wheat	<input type="checkbox"/> Corn	<input type="checkbox"/> Beans	<input type="checkbox"/> Lentils	<input type="checkbox"/> Peas	
<input type="checkbox"/> Feed Peas	<input type="checkbox"/> Canary Seed	<input type="checkbox"/> Canola	<input type="checkbox"/> Barley	<input type="checkbox"/> Oats	<input type="checkbox"/> Mustard	
Other (please specify) _____						
Multi-site			<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sites to be included in program scope: (use separate sheet if necessary)						
Signature				Date		

**Note:** This document details the information that is typed on your Certificate of Recognition. It is important that it is completed correctly to prevent errors on your certificate.