



Application for accreditation as a CGC audit service provider

Company name _____
Corporate address _____

Contact name _____
Title _____

Telephone number _____ Fax number _____

E-mail address _____

Audit services to be provided:
 CIPRS CIPRS+ HACCP CGC HACCP CCSP

Auditors proposed by assessment body to conduct audits for each program (*please use separate list if required and attach résumé*)

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Date of application _____ Signature _____

Other registrations or accreditations (e.g. ISO Registrar)

Complete and return to: Process Verification and Accreditation Office
Canadian Grain Commission
800-303 Main Street
Winnipeg MB R3C 3G8
or josie.valle@grainscanada.gc.ca