



Form #: 004d
 Revised By: PT
 Revision Date: 4/22/16
 Revision #: 002
 Supersedes: 7/7/15

Harmonized GAP Audit Application

Please complete this form in as much detail as possible and return it to Ceres Certifications, International by fax, mail or email. Once we have received your completed application you will be advised of the next step in the process.

CLIENT INFORMATION

AUDITEE NAME:			
TRADE NAME:			
TYPE OF BUSINESS:	<input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
ARE YOU PART OF A LARGER ENTITY? IF YES, WHO?			
AUTHORIZED CONTACT PERSON			
MAILING ADDRESS			
FARM/FACILITY PHYSICAL ADDRESS (LIST ALL LOCATIONS)			
PHONE NUMBER		MOBILE NUMBER	
FAX NUMBER		EMAIL ADDRESS	
PRIMARY LANGUAGE	<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (Please specify):		

CERTIFICATION INFORMATION

Has your organization ever undergone a food safety, or GAP audit?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, please provide the following information: Date: Certification Body:				
Has your organization ever failed a third-party certification inspection?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
What is your anticipated audit date?				
Is this inspection required for a specific purpose or client?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, please specify client/customer requiring audit:				
FDA Registration Number (if applicable)				
Do you have a HACCP Plan?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have you identified any CCP's?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If no CCP's were identified, do you have a written Hazard Analysis?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have current copy of the applicable Produce GAPs Harmonized Standard(s)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

What type of audit services are you requesting? (check all that apply)

<input type="checkbox"/> Harmonized GAP Audit – <i>Field Operations and Harvesting</i>	Total Acres/ Square Feet to be audited:
<input type="checkbox"/> Harmonized GAP Audit – <i>Field Operations and Harvesting w/Addendum</i>	
<input type="checkbox"/> Harmonized GAP Audit – <i>Postharvest Operations</i>	
<input type="checkbox"/> Harmonized GAP Audit – <i>Postharvest Operations w/ Addendum</i>	

If your buyer is requiring an addendum be added to your standard audit, please specify addendum:

Commodities to be covered by audit: (Please List)



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**What is the entire scope of your operation and products processed, sold, or handled requesting to be audited?
(please be very specific)**

Do you have any activities at any locations other than you primary operation?

Number of Executive Staff:		Number of Full-Time Employees:		Harvest Crews requesting to be audited:	
Operation Shift(s) (hours):		Number of Part-Time Employees:		Total number of buildings (include lunchrooms, restrooms, etc.)	
Number of farms/facilities requesting to be audited:		Size of Operations and/or Warehouse Space:		Process/Operation Months	

How did you hear about CCI?

Applicant information if someone other than Auditee:

APPLICANT NAME					
COMPANY NAME					
PHONE NUMBER		MOBILE NUMBER			
FAX NUMBER		EMAIL ADDRESS			
RELATIONSHIP TO AUDITEE					

ADDITIONAL REMARKS:

By Signing below, you certify that the above information is complete and correct to the best of your knowledge and that you agree to comply with the requirements for certification, as well as supply any information required during the certification process.

Signature of Authorized Representative

Date

Please return completed form to:
Secure FAX: 715-861-6460

Or Mail to:

P.O. Box 031, Chippewa Falls, WI 54729

CCI prohibits discrimination in all of its programs, employment and certification activities on the basis of race, color, national origin, age, disability, sex, marital status, veteran status, religion, or sexual orientation.