SQF Certification Application Form

SECTION A: DETAILS OF APPLICANT ORGANIZATION

Business Name	Legal Status (Inc. Ltd. etc.)	
Trading Name (if applicable)		
Mailing Address	City, /Parish	Postal /Zip code
Billing Address (if different than above)	City, Prov/Parish	Postal /Zip code
Telephone #	Fax #	
Facility(ies) to be certified	City, State/Parish	Postal /Zip code
Facility 1		
Facility 2 (if applicable)		
Facility 3 (if applicable)		

SECTION B: CONTACT INFORMATION – *Please complete for senior management & person responsible for SQF Programme*

Senior Management Representative	Primary Contact ☐ Yes ☐ No	
	Secondary Contact ☐ Yes ☐ No	
	Authorized to sign Application Contract ☐ Yes ☐ No	
Name	Job title/position in the company	
Telephone # and Extension	Email address	
SQF Practitioner	Primary Contact ☐ Yes ☐ No	
	Secondary Contact ☐ Yes ☐ No	
	Authorized to sign Application Contract ☐ Yes ☐ No	
Name	Job title/position in the company	
Telephone # and Extension	Email address	

SECTION C: REQUIRED SCOPE OF CERTIFICATION

Click the appropriate check boxes to indicate the Type and categories you are applying for and select the service boxes that apply.

SQF Certification Type	Please select below	Food Sector Categories			
Basic Intermediate Full code		0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ 13 □ 14 □ 15 □ 16 □ 1 7 □ 18 □ 19 □ 20 □ 21 □ 22 □ 23 □ 24 □ 2 5 □ 26 □ 27 □ 31 □ 32 □ 33 □ 34 □			
Services Required	□ **Pre-audit Assessment**	□ **Facility Audit**		□ **Transfer**	

SQF Food Sector (as defined in the GFSI Guidance Document, Current Edition)	Category (Client Scope of Certification)	Applicable SQF Code Modules	Products to be Covered
1	Production, Capture and Harvesting of Livestock and Game Animals and Apiculture	Module 5: GPP for Farming of Animal Products	
2	Indoor Growing and Harvesting of Fresh Produce and Sprouted Seed Crops	Module 18: GAP for Indoor Farming of Plant Products	
3	Growing and Production of Fresh Produce and Nuts	Module 7: GAP for farming of plant products (fruit, vegetables, and nuts)	
4	Fresh Produce, Grain, and Nut Packhouse Operations	Module 10: GMP for Pre-processing of Plant Products	
5	Extensive Broad Acre Agricultural Operations	Module 8: GAP for farming of grains and pulses	
6	Harvest and Intensive Farming of Seafood	Module 6: GAP for farming of seafood	
7	Slaughterhouse, Boning, and Butchery Operations	Module 9: GMP for pre-processing of animal products	
8	Processing of Manufactured Meats and Poultry	Module 9: GMP for processing of food products	
9	Seafood Processing	Module 9: GMP for processing of food products	
10	Dairy Food Processing	Module 11: GMP for processing of food products	
11	Apiculture and Honey Processing	Module 11: GMP for processing of food products	
12	Egg Processing	Module 11: GMP for processing of food products	

13	Bakery and Snack Food Processing	Module 11: GMP for processing of food products	
14	Fruit, Vegetable and Nut Processing, and Fruit Juices	Module 11: GMP for processing of food products	
15	Canning, UHT and Aseptic Operations	Module 11: GMP for processing of food products	
16	Ice, Drink and Beverage Processing	Module 11: GMP for processing of food products	
17	Confectionery Manufacturing	Module 11: GMP for processing of food products	
18	Preserved Foods Manufacture	Module 11: GMP for processing of food products	
19	Food Ingredient Manufacture	Module 11: GMP for processing of food products	
20	Recipe Meals Manufacture	Module 11: GMP for processing of food products	
21	Oils, Fats, and the Manufacture of oil or fat-based spreads	Module 11: GMP for processing of food products	
22	Processing of Cereal Grains	Module 11: GMP for processing of food products	
23	Food Catering and Foodservice	Module 16: GOP for Foodservice	
24	Food Retailing	Module 15 - Good Retail Practices	
25	Repackaging of products not manufactured on site.	Module 11: GMP for processing of food products	
26	Storage and Distribution	Module 12: GDP for Transport and Distribution of Food Products	
27	Manufacture of Food Packaging	Module 13: GMP for Manufacture of Food Packaging	
31	Manufacture of Dietary Supplements	Module 11: GMP for processing of food products	
32	Manufacture of Pet Food	Module 4: GMP for processing of pet food products	
33	Manufacture of Food Processing Aides	Module 11: GMP for processing of food products	
34	Manufacture of Animal Feed	Module 3: GMP for animal feed production	

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Other Scope Category:

SECTION D: TIMELINE

Pre-audit Assessment (Optional)	From:	To:
Facility Audit (Announced)	From:	To:

Please indicate if there is a customer-imposed deadline for your certification:

Customer:	Deadline:

SECTION E: SITE-SPECIFIC INFORMATION

PRODUCT INFORMATION

Complete list of products manufactured or produced:	
Any products excluded from certification:	
Countries of Sale (list all):	

FACILITY INFORMATION

Size of facility in square feet:	
Size of storage area (if applicable):	
# Of processing lines:	
# Of HACCP plans:	

EMPLOYEE INFORMATION

# Of permanent employees:	

# Of contract or seasonal employees:	
# Of employees at peak production:	

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Presence of shadow auditor in training – TSLCSI sometimes has its lead SQF auditors accompanied by an auditor in training who shadows the audit process to gain knowledge and experience. These auditors do not participate in the evaluation of your facility and are bound by similar confidentiality terms as TSLCSI and its auditors.

Do you have any objection to shadow auditors in training accompanying the TSLCSI lead auditors at your facility during the SQF audit?

☐ **Yes or** ☐ **No**

SECTION F: CERTIFICATION BODY (CB) TRANSFER ☐ **APPLICABLE** ☐ **NOT APPLICABLE**

Do you wish to maintain your unique SQF facility number from previous CB? ☐ Yes ☐ No

If you are transferring certification body, please include the following documented information with your application:

1. Current certificate
2. Previous audit reports
3. Evidence to indicate the absence of outstanding Critical or Major CARs
4. Evidence that any complaints that could have resulted in recall or withdrawal is closed.

Name of Site/Facility Representative: _____

Date: _____

NOTE: TSL CSI uses the contents of this form to verify that the Sites/Facilities meet the eligibility requirements for the related system/s before completing the application review process stage for initial certification. Persons are therefore required to complete this form in its entirety.

Shaded area to be completed internally by TSL CSI Authorized Personnel

Review and Decision – TSL CSI Authorized Management Personnel				
Reviewed	☐ Approved	☐ Approved with Conditions	☐ Rejected	☐ More Info needed
Date				
Explanation of Decision				
Conditions				
Approval Signature		**Date Signed**		