**Service Request Form**

Please complete all sections in detail. Information will be used to assess your certification needs and prepare a customized proposal for your review. Incomplete forms may be returned and could delay processing.

**Select Program:**

[ ]  SQF (Complete Appendix A) [ ]  ISF/SF & FAMI-QS (Complete Appendix B)

[ ]  Pet Food Manufacturing (PFMFCP) [ ]  Pet Food Ingredient (PFICP)

[ ]  Safe Feed/Safe Food (SF/SF) [ ]  Other Audit \_\_\_\_\_\_\_\_\_\_\_

**Select Audit Type (all that apply):**

[ ]  Initial Audit [ ]  Re-Certification [ ]  Surveillance [ ]  Pre-Assessment

## Company Information:

|  |
| --- |
| \*Company Name (Full legal Name)†: Click here to enter text. |
| Parent Company Click here to enter text. |
| \*Address Click here to enter text. |
| \*City Click here to enter text. | \*State/Provence Click here to enter text. | \*Zip Code Click here to enter text. |
| \*Name Click here to enter text. | Title Click here to enter text. |
| \*E-Mail Address Click here to enter text. |
| \*Telephone Number Click here to enter text. | Mobile Number Click here to enter text. |
| \*Fax Number Click here to enter text. | Mobile Number Click here to enter text. |
| Emergency Contact Click here to enter text.  | Emergency Telephone Number Click here to enter text. |
| [ ]  Sole Proprietor [ ]  Partnership  | [ ]  Corporation – State Click here to enter text. |

## Facility to Be Audited Information: [ ]  Same as Above

|  |
| --- |
| \*Facility Name Click here to enter text. |
| \*Address Click here to enter text. |
| \*City Click here to enter text. | \*State/ProvenceClick here to enter text. | \*Zip Code Click here to enter text. |
| \*Name Click here to enter text.  | Title Click here to enter text. |
| \*E-Mail Address Click here to enter text. |
| \*Telephone Number Click here to enter text. | Mobile Number Click here to enter text. |
| Off-site Operations to be Audited? [ ]  Yes [ ]  No If yes, list address: |

**Invoicing Information:** [ ]  **Same as Above**

|  |
| --- |
| Billing Address Click here to enter text. |
| City Click here to enter text. | State/Provence Click here to enter text. | Zip Code Click here to enter text. |
| AP Contact Name Click here to enter text.  | AP E-Mail Address Click here to enter text. |
| AP Telephone Number Click here to enter text. | D&B Number Click here to enter text. |
| Payment will be made via: [ ]  ACH [ ]  Check [ ]  Credit Card [ ]  Wire Transfer |

## List All Products to be included in the scope

|  |  |  |
| --- | --- | --- |
| **Products** | **Scope**  | **Retailers**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text.  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Requested Audit Dates: Click here to enter text.

## Facility and Operational Information:

|  |  |
| --- | --- |
| \*Facility Size: Click here to enter text. sq. ft. | \*Production Area Click here to enter text. sq. ft. |
| Cold Storage Click here to enter text. sq. ft.  | Dry Storage Click here to enter text. sq. ft.  |
| Days & Hours of Operation Click here to enter text. | \*Number of Buildings Click here to enter text. |
| \*Number of Production Lines Click here to enter text. | \*Number of Production Shifts Click here to enter text.  |
| \*Number of Full Time Employees Click here to enter text. | Number of Casual Employees Click here to enter text. |
| \*Sanitation Shift? [ ]  Yes [ ]  No | Number of Hours Click here to enter text. |
| Subcontracted? [ ]  Yes [ ]  No | Name of Company Click here to enter text. |
| \*Facility Gluten Free? [ ]  Yes [ ]  No | On Site Lab? [ ]  Yes [ ]  No  |
| \*HACCP [ ]  Yes [ ]  No How Many Plan(s)? Click here to enter text. | \*Food Safety Plan? [ ]  Yes [ ]  No  |
|  |  |
| \*Regulated by (all that apply) [ ]  USDA [ ]  FDA | USDA Establishment Number Click here to enter text. |
| FDA Registration Number Click here to enter text.  | Affirm FDA Registration: Yes, we are registered [ ]  |
| \*Does facility comply with Bioterrorism Act? [ ]  Yes [ ]  No |
|  |
| Export to (List Countries/Regions) Click here to enter text. |
| Import from (List Countries/Regions) Click here to enter text.  |

**\*Certification History (if applicable):**

|  |
| --- |
| Are you currently certified to any Standards? [ ]  Yes [ ]  No If yes, please complete the following: |
| Name of Standard(s) Click here to enter text. | Certificate Number Click here to enter text. |
| Name of Certification Body Click here to enter text. | Valid through Click here to enter text. |
| Have you ever had Certification [ ]  Withdrawn [ ]  Suspended [ ]  Revoked If yes, please provide reason.  |
| Have you ever requested Certification that was not granted? [ ]  Yes [ ]  No If yes, please provide reason.  |
| Reason: Click here to enter text. |
| Name of Standard(s) Click here to enter text. Name of Certification Body Click here to enter text.  |
| Has any Industry, Local, State, or Federal regulatory agency filed charges, assessed fines or taken action against this business entity, partners in ownership, or any facility under the same ownership? [ ]  Yes [ ]  NoIf yes, please provide details: Click here to enter text. |

\*Required Fields

†Appear on Certificate

**Appendix A: Complete for SQF Certification**

**\*Select SQF Ed. 7 Level**

[ ]  **Level 1** [ ]  **Level 2 ‡** [ ]  **Level 3 ‡**

## List Products to be included under scope [ ]  Listed above

|  |  |  |
| --- | --- | --- |
| **\*Products** | **\*Food Sector Category(s)**  | **Retailers**  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Describe your organization’s primary process(es): please check all boxes that apply:**

|  |
| --- |
| [ ]  ***Raw*** [ ]  ***Fully Cooked*** [ ]  ***Further Processed*** [ ]  ***Canning*** [ ]  ***Pasteurize*** |
| **Meat & Poultry**[ ]  On Farm [ ]  Slaughter [ ]  Processor[ ]  Ready to Eat[ ]  Seafood[ ]  Pizza[ ]  Eggs  | **Raw/Agriculture**[ ]  On Farm [ ]  Packing House[ ]  Processor[ ]  Cereal Grains[ ]  Leafy Greens[ ]  Seeds/Sprouts[ ]  Feeds | **Processed Foods**[ ]  Food/Ingredients[ ]  Ready to Eat[ ]  Beverages/Water/Ice[ ]  Dairy/Juice [ ]  Bakery/Snacks[ ]  Honey[ ]  Oils/Fats/Spreads | **Storage/Distribution**[ ]  Food Wholesale[ ]  Food Broker[ ]  Cold Storage[ ]  Transport**Retail Operations**[ ]  Restaurant [ ]  Food Retail | **Other**[ ]  Pet Food[ ]  Packaging[ ]  Dietary Supplements |

## \*SQF Trained Practitioners on staff:

|  |
| --- |
| Name Click here to enter text.  |
| Position Click here to enter text. |
| Registration Number Click here to enter text. |

**Brief Description of Manufacturing Process and Facility**

|  |
| --- |
| Click here to enter text. |

‡ GFSI recognized.

**Appendix B: Complete for ISF/SF & FAMI-QS Certification**

The International Safe Feed/Safe Food (ISF/SF) is an equivalent program with FAMI-QS. In accordance with ISFSF/FAMI-QS equivalency program, applicants will be an associate member of FAMI-QS Asbl.

**\*Complete the following table for scope evaluation**

|  |  |  |
| --- | --- | --- |
| **Active Substance** | **Category** (according to the scope description) | **Functionality** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

The ISF/SF & FAMI-QS scope can be found at [www.fami-qs.org/scope](http://www.fami-qs.org/scope).

**\*Additional Facility Information**

|  |
| --- |
| \*Number of Assured Sources Click here to enter text.  |
| \*Number of Non - Assured Sources Click here to enter text. |
| \*Number of Manufacturing Process Click here to enter text. |
| \*Traded Products? [ ]  Yes [ ]  No If yes, how many(s) Click here to enter text. |
| \*Relevant Certified Systems? [ ]  Yes [ ]  No If yes, Name of Standard(s) Click here to enter text. |
| \*Subcontractor/Toll Manufacturer certified as FAMI-QS or by mutual recognized standard? [ ]  Yes [ ]  No [ ]  N/A  |

Information about Assured sources can be found in the [Rules for Operators](http://www.fami-qs.org/famiqs/sites/default/files/files/rules/Rules%20for%20operators%20V6.pdf) Section 4.

**Brief Description of Manufacturing Process and Facility**

|  |
| --- |
| Click here to enter text. |

Submit with application the following documents:

1. FAMI-QS Approval Letter
2. List of Products under FAMI-QS Scope
3. List of Assured and Non-Assured sources/traded products