

SQF – Food Safety Certification Application

1. COMPANY AND CONTACT INFORMATION:			
Company's Legal Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____ Country: _____
Contact Name, Title & Direct Number <i>(if different from company #):</i>		Email Address	
_____		_____	
SQF Practitioner's Name & Direct Number <i>(if different from company #):</i>		Email Address	
_____		_____	
Company Phone Number	Audit Written Language	Audit Spoken Language <i>(consider all languages spoken at the company)</i>	% of Non-English Speaking Employees <i>(if applicable)</i>
_____	_____	_____	_____
# of Personnel <i>(Employees = FT + PT + Temp/Contractor)</i>	# of Shifts & Shift Times <i>(beginning and ending)</i>		Sq. Footage
_____	_____		_____
Mail To Address <i>(if different)</i>		Bill To Address <i>(if different)</i>	
_____		_____	
Scope of Certification			
Describe official scope and complexity of management system (by site/address). Include description of products made, service performed, and physical boundaries of the site. List any processes, activities, programs, specifications, systems, areas, or facilities that will not be audited because of security, confidentiality, or other restrictions. <i>Applicant acknowledges once the audit scope is agreed upon between the applicant and ICC-ES, it cannot be changed after the Certification audit has commenced.</i>			

2. SITES/ADDRESSES that will be included in the certification					
<i>(if more than three, attach list)</i>					
Company Name <i>(if different)</i>	Address, City, State, Zip Code and Country	# of Emp.	Scope/Activities <i>(if different from main site)</i>	# of Shifts & Shift Times per site	Sq. Footage
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. ADDITIONAL INFORMATION	
List any processes that are outsourced that affect product conformity to requirements _____	
Food Sector Categories for Applicable Standards _____	SQF Modules _____
Does your company have any PPE (<i>Personal Protection Equipment</i>) requirements for the Audit Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____
Does your company have any special customer requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____

4. STANDARD(S) REQUIRED (check all that apply):	
SQF Version 9: Food Safety Fundamentals: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Food Safety <input type="checkbox"/> Food Safety and Quality <input type="checkbox"/> Quality – Stand Alone (<i>must already be certified to Food Safety</i>)	
For Integrated Systems Audits only (selected above)	
<input type="checkbox"/> Integrated Documentation including Work Instructions	<input type="checkbox"/> Integrated Management Reviews (<i>consideration of overall business strategy and plan.</i>)
<input type="checkbox"/> Integrated Policies and Objectives	<input type="checkbox"/> Integrated Systems Processes <input type="checkbox"/> Integrated Corrective Action/Continual Improvement
<input type="checkbox"/> Same Management Rep and Integrated Management Support	<input type="checkbox"/> Integrated Employee Approach (<i>is employee count the same for each standard/system?</i>)

5. TYPE OF REQUEST		
<input type="checkbox"/> Single Site	<input type="checkbox"/> Multi-Site (Complete Appendix 1)	<input type="checkbox"/> Sampling
<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Upgrade (SQF only)	<input type="checkbox"/> Other
<input type="checkbox"/> Recertification		
<input type="checkbox"/> Transition from a GFSI recognized certification program		
<input type="checkbox"/> Transfer of existing certification – Provide details in the Transfer section below.		
Transferring at:	<input type="checkbox"/> Recertification	<input type="checkbox"/> Surveillance (SQF only)

6. TRANSFER OF CURRENT CERTIFICATION(S)		
Standard(s)	Certification Body	
<input type="checkbox"/>		
<input type="checkbox"/>		
Last Audit Type	<input type="checkbox"/> Registration <input type="checkbox"/> Recertification <input type="checkbox"/> Surveillance	
Last Audit Date		
Current Certificate	Date of Expiry: _____	Date of Next Audit: _____
The following documents and records must be provided to ICC-ES at the time of application	All Standards: <ul style="list-style-type: none"> • Valid accredited certificate from accredited Certification Body • Prerequisite programs (<i>Pest Control and GMPs only</i>) • HACCP Summary(s) • Last Assessment Report with NCR Closing Report • Customer complaints and actions taken since last Certification Body audit (closed and current open entries) 	
	SQF: Customer must register with SQF and select ICC Evaluation Service, LLC as the certification body.	
When was your company's (first) initial SQF audit (month/year)?		
Has your company had an unannounced audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list month/year: _____	
SQF ONLY:	Have you registered your company with SQF ? If No, go to SQFI: www.sqfi.com/assessment-database	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. TARGET DATES FOR CERTIFICATION	
You are required to have a minimum of 90 days worth of records prior to your certification. Please acknowledge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Assessment (Optional)	

8. PRODUCT AND FACILITY INFORMATION	
List Products Produced	_____
Any Preserved Identity Products (i.e. Kosher, organic) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
Off-site Storage <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	Sq. Footage: _____
Describe Production/Manufacturing Lines (i.e. total number and type) _____	

9. SEASONALITY	
Activity	Months of Year
_____	_____
_____	_____

10. COMPLETE THE FOLLOWING SECTION FOR ALL STANDARDS		
List any customers for whom the certification is required _____		
Consultant (if applicable)	Company Name _____	Individual's Name _____
Does your company have any regulatory or statutory requirements and laws (e.g. USDA, FDA) that the company has to subscribe to and that ICC-ES needs to know about before conducting an audit? (Response required if site is outside of the United States)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list or list here: _____	
Has your company had any mandatory or voluntary FDA/ USDA food related recalls?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates and explain: _____	
Does your company have more than one HACCP study? (i.e. Production of ice cream and cheese = two HACCP studies)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach list or list here: _____	
If site is outside of North America, are there any travel/entry considerations needed? (Visas or other information to be aware of).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes or N/A, please explain: _____	

11. AGREEMENT AND SIGNATURE

- a. Applicant acknowledges reviewing applicable SQF Safety Code, and applicable ICC-ES Rules and Procedures, and that the applicant shall be responsible for ensuring that products covered by this application conform with ICC-ES product certification requirements. The applicant agrees that ICC-ES may, as necessary, subcontract for work related to the product certification process; although the applicant retains the right to reject ICC-ES's use of any particular subcontractor. The applicant also agrees that, as may be required for the product evaluation and any follow-up surveillance activities, the applicant will make all necessary arrangements for examination of the applicant's documentation and records, and/or for ICC-ES access to the applicant's relevant locations, areas, equipment, personnel, and subcontractors. If requested by ICC-ES, the applicant will make arrangements for third-party observers, representing accreditation bodies, to be present during any given inspection of the manufacturing facilities producing products covered by this application.
- b. In consideration of the processing of this application, the applicant agrees to abide by any conditions attached to the approval of this application and the requirements of the applicable model codes as they now exist and as they may be reasonably modified in the future.
- c. The applicant agrees to make all necessary arrangements for ICC-ES to investigate complaints related to any product certification resulting from this application. The applicant also agrees to keep a record of all significant complaints made known to the applicant about the certified product(s), and to make these records available to ICC-ES upon request. The applicant will take appropriate action with respect to such complaints, and document the actions taken.
- d. The certification is subject to revision if any amendments are necessary to comply with approved code changes, rules or policies. If revision should be required, applicant agrees to pay applicable fees.
- e. The applicant agrees that all final certifications, as well as all communications between ICC-ES and the applicant prior to issuance of a final certification, including draft certifications and comments thereto, are and shall be the exclusive property of ICC-ES. The applicant agrees not to disclose any such communications, draft certifications and/or comments thereto to others without prior written approval of ICC-ES.
- f. The applicant agrees that all certified, registered sites will be listed in the SQF assessment database, which will display the certification site details and include the site's name, address, expiration date, food sector, category(ies), product(s), relevant Code(s), certification body and country on the SQFI website.
- g. The applicant agrees to notify the certification body in the event of a food safety incident (i.e., recall) by the site at any time during its certification in a timely manner.

APPLICANT SIGNATURE LINE		
Applicant's Signature <div style="border-bottom: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	Applicant's Printed Name and Title <div style="border-bottom: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	Date <div style="border-bottom: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>

The parties acknowledge that the application submitted by Applicant contains technical matters required in connection with the Certification Criteria. To the extent ICC-ES modifies the application after execution and submission by Applicant, and Applicant does not object to such modification within ten (10) days of written notice from ICC-ES, the parties agree that the application as modified by ICC-ES, along with this Agreement, constitutes the entire agreement between ICC-ES and Applicant.

The information contained in this application will be validated on site and quoted time may be adjusted.

Multi-site Only – N/A

APPENDIX 1

SQF MULTI-SITE CERTIFICATION

SQFI definition of Multi-site Certification – “A Multi-site Program means an SQF Certified Supplier (hereafter referred to as a Central-site) at which activities are planned to control and manage the food safety and quality management system of a network of Certified SQF Suppliers or Sub-sites (hereafter referred to as Sub-sites) under a legal or contractual link.”

Does the multi-site group have a central site that controls and manages the food safety and quality management systems for the network of Central-sites or Sub-sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
The number of SQF sites or Sub-sites included in the multi-site certification (also complete SQF Site details below).	
Does the Central-site have a contractual link to the Sub-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Central-site manage all requirements that are outlined in Module 16?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all the Sub-sites meet the SQF definition as primary producers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all Sub-sites involved in the same production activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

