



CeresCertificationsInternational

GLOBALG.A.P. Certification Application

Form# 004G
 Revised By LD
 Revision Date 7/10/18
 Revision# 001
 Supersedes 7/2/18

GlobalGAP is an internationally recognized standard for farm production. The scopes that CCI offers are the GlobalGAP Integrated Farm Assurance (IFA) audit, Option 1 Individual Producer and Multisites, without QMS as well as the Harmonized Produce Safety Standard (HPSS) audit. It covers Good Agricultural Practices, using the GlobalGAP normative documents applicable to the standard. Please complete this application and return it to CCI by email, fax or mail. Once you have registered for your audit within the GlobalGAP system and return this application you will be advised of the next step within the certification process.

Option 1 Individual Producer = a single producer or single organization with single legal entities with a single production site (field, farm, orchard, etc.)

Option 1 Multisite Operation = multiple production sites that are not separate legal entities and operate without the implementation of a QMS

GLOBALG.A.P. Definitions are at: www.globalgap.org/export/sites/default/.content/.galleries/documents/170630_GG_GR_Part-I_Annex_I-4_V5_1_en.pdf

What GLOBALG.A.P. OPTION 1 Certification audit will you be Registering for? Please check all that apply:

You may register for a combined certification IFA and HPSS audit for the same product

- IFA (Integrated Farm Assurance) Standard - Individual Producer HPSS (Harmonized Produce Safety Standard) - Individual Producer
 IFA (Integrated Farm Assurance) Standard - Multi-Site Operations HPSS (Harmonized Produce Safety Standard) - Multi-Site Operations

REGISTRATION REQUIREMENTS

COMPANY / CONTACT INFORMATION

COMPANY NAME (Legal Entity)			
COMPANY ADDRESS: City, State, Zip Code			
COUNTRY		COMPANY EMAIL	
PHONE NUMBER		FAX NO	
CONTACT NAME (Legal Entity)		TITLE	
CONTACT PHONE NO		CONTACT EMAIL	
PREVIOUS GLOBALGAP Number (GGN) > if applicable		Global Location Number (GLN) > if applicable	
I want my company name and contact information to be listed on the GlobalGAP online public database			<input type="checkbox"/> Yes <input type="checkbox"/> No

BILLING INFORMATION

BILLING ADDRESS: City, State, Zip Code	
CONTACT: Name, Phone No, Email	
Taxpayer ID Number > if applicable	

CERTIFICATION INFORMATION

1	CURRENT CERTIFICATION STATUS	
1a	Has your organization been previously food safety / GFSI certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yes, provide name of certifier and certification scheme standard:		
1b	If currently GlobalGAP certified, do you have any open sanctions by current certifier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Yes, describe:		
1c	Approximately when would you like to schedule the audit (provide estimated month and/or date)?	
1d	What is your desired audit period (based on seasonality of crop and/or validity of current certification)?	<input type="checkbox"/> Annual <input type="checkbox"/> Other
1e	Is this inspection required for a specific client / supplier (e.g., Walmart, Costco) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Yes, specify name of client/supplier:		
1f	Do you have a current copy of the GlobalGAP normative documents? www.globalgap.org	<input type="checkbox"/> Yes <input type="checkbox"/> No
1g	Have you conducted a Self-Assessment using the applicable checklist? Required initially and annually by GGAP Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ceres Certifications, International (CCI)

1h	Preferred Audit Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____				
2	PRODUCT INFORMATION					
2a	What does the <u>entire scope of the audit</u> consist of? (Be very specific)					
2b	Product (s) Name	Total Acres	First Harvest	Est. Yield	Country Destination	Covered Crop?
	EXAMPLE: SPINACH	120	3/12/2018		USA	Yes
2c	Please provide GPS Coordinates:					
2d	Covered Crops (e.g., greenhouse, controlled environment)? Please provide commodity:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2e	Do you Field Pack?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2f	Who is responsible for harvest?				<input type="checkbox"/> Grower (you) <input type="checkbox"/> Buyer	
2g	Will harvest be included?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Note: If harvest is excluded, product handling is not applicable for the given product.						
2h	Do you have a Product Handling Unit (PHU) Facility? (excludes product processing)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yes, provide name, address, city, state, commodities, etc.						
2i	Will Product Handling be included?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this product handled in the field or facility?						
<input type="checkbox"/> Field <input type="checkbox"/> Facility <input type="checkbox"/> Both <input type="checkbox"/> NA						
Is this product also packed for other certified or non-certified producers?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA						
2j	Do you have Parallel Production (PP)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
PP is individual producers, producer member or groups that produce the same product partly as certified, partly as non-certified. It is also PP where not all members of a producer group producing a product that is registered for certification are included in the scope of the certificate.						
2k	Do you have Parallel Ownership (PO)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
PO is individual producers, producer members of groups that buy non-certified products of the same products they group under certified production.						
2l	Do you have a current site map of location(s)? If so, please provide.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2m	Will you provide CCI with documentation to review prior to your audit? This could significantly reduce on-site audit time				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2n	How did you hear about CCI?					

By signing below, you certify 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. Please email, fax, mail your completed form to CCI. Email: lesley@ceresci.com Fax: 715-861-6460 Address: PO Box 031, Chippewa Falls, WI 54729

Signature of Authorized Representative **Date:**

CCI Use Only

Review Signature: **Date:**

CCI prohibits discrimination in employment & services provided on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, or sexual orientation.