



# NATIONAL CERTIFICATION UNIT

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Reference No. \_\_\_\_\_

## DOM-GAP Application Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Re-Application (Date of internal deregistration: \_\_\_/\_\_\_/\_\_\_)

Producer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

DOM-GAP Ref #: \_\_\_\_\_

Tel: - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Farm Location 1. \_\_\_\_\_ Farm Size \_\_\_\_\_ Reg. No.1 \_\_\_\_\_  
Commodity: \_\_\_\_\_

Farm Location 2. \_\_\_\_\_ Farm Size \_\_\_\_\_ Reg. No.2 \_\_\_\_\_  
Commodity: \_\_\_\_\_

Farm Location 3. \_\_\_\_\_ Farm Size \_\_\_\_\_ Reg. No.3 \_\_\_\_\_  
Commodity: \_\_\_\_\_

Farm Standards: Yes  No

Comment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Producer Organization: DEXIA  Other: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**To be completed by NCU Administration Only**

Comment(s):

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*“Certification ensures conformity of products, processes, systems, personnel and services to standards “*

## Revision Control

<b>Document History</b>				
Version No.	Date Approved	Change History	Name & Title	
			Author	Approving Official