



# DOMINICA BUREAU OF STANDARDS

National Centre of Testing Excellence  
♦ Stockfarm ♦ P. O. Box 1015  
Roseau ♦ Commonwealth of Dominica  
Tel: (767) 275-5921 ♦ Email: info@dominicastandards.org



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

## APPLICATION- GMP CERTIFICATION

<b>Business Name</b>			
<b>Business Address(es)</b>			
<b>Contact Number:</b>	<b>Office:</b>	<b>Mobile:</b>	<b>Fax:</b>
<b>Name of Contact Person:</b>		<b>Job Title:</b>	
<b>Email Address(es):</b>			
<b>Type of application:</b>	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Extension <input type="checkbox"/>
<b>Please indicate business type:</b>			
Manufacturing <input type="checkbox"/>	Agro-processing <input type="checkbox"/>	Vending <input type="checkbox"/>	Food Establishment <input type="checkbox"/>
<b>Other (Specify):</b> _____			
<b>Product(s) type:</b>	Food(s) <input type="checkbox"/>	Beverages <input type="checkbox"/>	Good(s) <input type="checkbox"/>
	Pharmaceuticals <input type="checkbox"/>	Other <input type="checkbox"/> (Specify) _____	Cosmetics <input type="checkbox"/>
<b>List of product(s) Manufactured:</b>			
<b>Target Market(s):</b> Domestic <input type="checkbox"/> Regional <input type="checkbox"/> U.S.A <input type="checkbox"/> Europe <input type="checkbox"/> Other (Specify) _____			
<b>Is your business a registered entity?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Reg#:</b> _____			
<b>How long have you been in operation?</b> _____			
<b>How many buildings do you operate from?</b> _____			
<b>Are all of your buildings in the same general location?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (please provide all addresses)			

**How many persons are employed within your business? Fulltime \_\_\_\_\_ Part-time \_\_\_\_\_**

**Have you ever applied for GMP Certification with our organization before? Yes  No  (If yes) in what year \_\_\_\_\_**  
 (please indicate most recent year)

**AUDIT INFORMATION:**

**Scope:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Objective(s):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify that the information included in this application is, to the best of my knowledge, correct and that I understand any false or misleading statements made by me will result in rejection of this application.**

.....  
 Signature of Applicant

.....  
 Date

*The following supporting documents are requested for the completion of this application.*

<i>Documents Required</i>		<i>Date Received &amp; Comments</i>
Copy of business registration certificate (if available))	<input type="checkbox"/>	
Completed internal audit assessment report	<input type="checkbox"/>	

Received By: ..... Date of Receipt. ....../...../.....

Recommended for Certification: Yes  No

Approved By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Name

**Payment:**

Payment Method: Cash <input type="checkbox"/> Cheque# <input type="checkbox"/>	Receipt #:	Date:
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*“Certification ensures conformity of products, processes, systems, personnel and services to standards “*

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## Revision Control

Document History				
Version No.	Date Approved	Change History	Name & Title	
			Author	Approving Official