



DOMINICA BUREAU OF STANDARDS

National Centre of Testing Excellence
♦ Stockfarm ♦ P. O. Box 1015
Roseau ♦ Commonwealth of Dominica
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Reference No. _____

APPLICATION-PACKHOUSE CERTIFICATION

Name of Pack-House			
Location of Pack-House			
Contact Number:	Office:	Mobile:	Fax:
Name of Contact Person:		Job Title:	
Email Address(es):			
Type of application:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Extension of Scope <input type="checkbox"/>
Product(s) type:			
Fresh Produce <input type="checkbox"/>	Processed Fresh Produce <input type="checkbox"/>	Other <input type="checkbox"/> (Specify) _____	
List of Produce and/or products(s) packaged in the facility:			
Target Market(s): Domestic <input type="checkbox"/> Regional <input type="checkbox"/> U.S.A <input type="checkbox"/> Europe <input type="checkbox"/> Other (Specify) _____			
Is the pack-house registered? Yes <input type="checkbox"/> No <input type="checkbox"/> Reg #: _____			
How long have you been in operation? _____			
How many buildings do you operate from? _____			
Are all of your buildings in the same general location? 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 information is requested for the completion of this application.

<i>Documents Required</i>		<i>Date Received & Comments</i>
Copy of 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: _____
 Name

Signature: _____ Date _____

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 “

Revision Control

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