

 	INTERNATIONAL SAFE FEED/SAFE FOOD CERTIFICATION PROGRAM APPLICATION FORM	D-ROP-01-01
		ISSUE: 3 /2010-05-13
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1. OPERATOR

Registration Number (to be completed by FAMI-QS):					
Company Name:				Tax ID Number:	
Address:					
City:		State :		Postal Code:	
Country:					
Quality Assurance Department	Contact Person: Mr. Mrs. Ms.				
	Email:			Telephone:	
Crisis Management	Contact Person: Mr. Mrs. Ms.				
	Email:			Telephone:	

2. INVOICING DETAILS AS ABOVE

Company Name:				Tax ID Number:	
Address:					
City:		State:		Postal Code:	
Country:					
Contact Person:	Mr. Mrs. Ms.				
Email:				Telephone:	

3. SITE TO BE AUDITED
(For additional sites, please provide the same information requested as for site 1)

Company Name:					
Address :					
City:		State:		Postal Code:	
Country:					
Contact Person:	Mr. Mrs. Ms.			Function:	
Email:				Telephone:	
Scope of the Certification:	Feed additives Functional feed ingredients Premixtures Specialty complementary feed Specialty complementary dietetic feed				

4. Active Substance that we intend to include under the FAMI-QS Scope “ The primary responsibility for the correct classification of the specific product, lies with the feed operator under the control of the competent authority”			Approved / Rejected (to be completed by FAMI-QS)
Active Substance	Category (according to the scope description)	Functionality	

We understand International Safe Feed/Safe Food (ISFSF) is an equivalent program with FAMI-QS, and in accordance with ISFSF/FAMI-QS equivalency, we herewith apply as an associate member of FAMI-QS Asbl and request to be registered in the system. We agree to the publication of our Company name as an associate/applicant pending the completion of the required audit(s) in a timely manner. We also agree to comply with the FAMI-QS Rules for Operators to maintain compliance with the International Safe Feed/Safe Food Certification Program.

The facility agrees to hold AFIA and AFIA’s certifying organization, and their agents, employees, officers and directors harmless in any lawsuit arising from the certification of a facility with respect to whether a facility is in compliance with this program or any state laws or regulations.

I have read, fully understand and accept the Rules for the Operators.

Date: _____

Name and signature: _____

To be completed by FAMI-QS	
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date of Approval: __ / __ / __
Signature	Inform the operator: __ / __ / __ Signature
Notes:	