



**APPLICATION FOR CERTIFICATION
SQF Registration Annex**

Additional Information	
Company Name	
SQF Level	SQF Level 3
Food Sector Categories, Modules and Products. (ref 1.2 SQF Code Ed 7.2)	
Details of SQF Practitioner: Refer SQF Code Section 1.5 <i>(If the SQF Practitioner is located at a different site, please supply site contact details)</i>	
Name	
Position Title	
HACCP Training details	
Certificate Number SQF Systems Training	
E-mail address	
Estimated date of the Certification Audit	

SQF Institute: UNANNOUNCED AUDIT SCHEME		
Effective July 2014, SQFI have introduced the Unannounced Audit Scheme. Sites require one (1) Unannounced audit during their Certification cycle. (Refer 4.5 SQF Code 7.2). Please place an X on one of the boxes below to nominate your SQF Unannounced year:		
New Suppliers		
Initial Audit	Re-certification Audit (1)	Re-certification Audit (2)
N/A		
<i>Note: Initial and Surveillance audits cannot be unannounced.</i>		
Transfer Applications		
Please indicate the year of your last/previous SQF unannounced audit:		
2014	2015	2016
2017	2018	2019
2020	2021	2022
<i>Note: If an SQF Unannounced audit has not yet been conducted please advise on the current agreed SQF unannounced year with your current Certification body:</i>		
Year Nominated:		

CONTROLLED FORM



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SQF Institute: Reliance Registration Fees for Suppliers

<i>Classification</i>	<i>Description of Classification</i>	US\$
A	Suppliers with a gross sales < \$100, 000	100.00
B	Suppliers with a gross sales > \$100, 000 < \$5 Million	250.00
C	Suppliers with a gross sales > \$5 Million < \$25 Million	350.00
D	Suppliers with a gross sales > \$25 Million < \$50 Million	500.00
E	Suppliers with a gross sales > \$50 Million	600.00
M	Multi-site Configuration	
	Individual Central-site	1000.00
	Individual Sub-site	25.00

Declaration

I consent to the publication of information pertaining to the SQF Certification of this business, on the SQFI website (refer SQF Code) and to complying with the rules of the SQF Certification Shield Logo & Rules of Use, located on the SQFI website.

Full Name of Signatory:	
Signature:	
Title of Signatory:	
Company Name:	
Date:	

CONTROLLED FORM