



**APPLICATION FOR CERTIFICATION  
SQF Registration Annex**

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

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 <b>last/previous</b> SQF unannounced audit:		
<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>2020</b>	<b>2021</b>	<b>2022</b>
<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>		
<b>Year Nominated:</b>		

**CONTROLLED FORM**



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For information on Registration/Re-registration Fees for the SQF Program please refer to the link below

<http://www.sqfi.com/registration-and-re-registration-guidance/>

and the Registration User Guide provided on the SQFI Website.

**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.*

<b>Full Name of Signatory:</b>	
<b>Signature:</b>	
<b>Title of Signatory:</b>	
<b>Company Name:</b>	
<b>Date:</b>	

**CONTROLLED FORM**