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|  ... | \\pjrfsi.pjvista.com@SSL\DavWWWRoot\Food Safety Management\05 Other Food Safety Standards\Gluten-Free Certification Program\CCA Trademark Files\gfcp_trademark.jpg***Perry Johnson Registrars, Inc.*****FOOD SAFETY CERTIFICATION AND COMPLIANCE PROGRAMS***\\pjrfsi.pjvista.com@SSL\DavWWWRoot\Food Safety Management\07 Other Food Safety Standards\Gluten-Free Certification Program\Logo\NFCA Logo NEW\ACG-GFCP_usa_logos\bceliac_logo_grn_2016.png***The Gluten-Free Certification Program Audit Application***Thank you for your interest! Please fill out this form completely to avoid any delay in receiving your cost-free quote.**If you have more than one facility and those facilities operate as independent production sites, please fill out an application for each production facility.*  |
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| **Supplier Legal Name** |        |
| Site Name (if different) |       |
| Street Address |       |
| **City, State/Province, Zip/PC, Country** |       |
| **Postal Address (if different)** |       |
| **Website Address** |       |

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| **Food Safety Management Representative** |       |
| **Position Title within Organization** |       | **Phone** |       |
| **Email Address** |       |  **Fax** |       |
| **Have you applied to GFCP**  | **[ ]  No [ ]  Yes** | **Date**       |
|  | **If not please visit:** <http://www.glutenfreecert.com/product/gfcp-application/> |
| **Gluten-Free Facility Type**  | **[ ]  Dedicated**  | **[ ]  Non-Dedicated**  |
| **Please List all Products** **Produced at your Facility** |  |
|       |
|  |
| **Do you make “gluten-free” claim on your product(s)?** | **[ ]  No [ ]**  **Yes**  |
| **Will you combine GFCP with another GFSI Certification Audit?** | **[ ]  No [ ]**  **Yes If yes, which standard?**       |
| **Are you *currently* certified** **to a food safety and/or** **Management system standard?** | **[ ]  No [ ]**  **Yes – Standard(s)**        **Exp. Date**       |
| **Date of last audit**       **Certification Body**       **Name of Auditor**       |
| **If not currently certified through PJR, do you wish to transfer? [ ]  No [ ]**  **Yes** |
| **Please list number of HACCP plans**  |       |
| **Please list total number of Employees**  |       |
| **Please list Facility Size** |       square feet |

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| --- | --- | --- |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Owner/Senior Executive or Manager** | **If completed electronically, please indicate signature** **here with an “X”** |  |
| **Name (Please Print):**       | **Date:**       |
| **Position Title:**       | **Phone:**       |
| **Perry Johnson Registrars, Inc.** **Representative/Project Manager** |       |

**Perry Johnson Registrars, Inc.**

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