| QCS Application Form for CertificationGLOBALG.A.P. Crops (Fruit & Vegetables) | | | | | | |
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| Applicant Information | | | | | | |
| 1. Organization (legal entity) name: | | | | | | |
| 1. A Sole Proprietorship (name of the legal entity is the same as the name of the person): | | A Corporation (for profit, not for profit, LLC, etc.): | | | | A Partnership: |
| 1. Legal registered address of the organization (e.g.: St., Ave., Blvd., Rd, etc.):   City:       Province/State:       Postal Code:       Country: | | | | | | |
| 1. GPS location of legal entity (North/South Latitude and East/West Longitude): | | | | | | |
| 1. Legal Registration Number (e.g., Tax or VAT/CIF/BAP/RNC/RUC):  * Please provide a photocopy of the legal registration | | | | | | |
| 1. Primary authorized representative: Mr.  , Ms. | | | | | | |
| 1. Position in the organization: | | | | | | |
| 1. Contact person (if different from above): Mr.  , Ms. | | | | | | |
| 1. Position in the organization: | | | | | | |
| 1. QCS Food Safety Client Number (if any): FV- | 1. **GGN (if any):** | | | | 1. Current certificate expiration date: | |
| 1. Previous Certification Body and Option (if any): | | | | | | |
| 1. Reason for changing certifier (if applicable): | | | | 1. Did you notify your outgoing Certifier:   Yes  No | | |
| 1. Legal entity mailing address (e.g.: St., Ave., Blvd., Rd, etc.):   City:       Province/State:       Postal Code:       Country: | | | | | | |
| 1. Legal entity physical address (e.g.: St., Ave., Blvd., Rd, etc.):   City:       Province/State:       Postal Code:       Country: | | | | | | |
| 1. Primary and Contact Phone: | | | 1. Fax: | | | |
| 1. Primary and Contact E-Mail: | | | 1. Web: | | | |
| 1. Nearest Airport and Directions to site from nearest town: | | | | | | |
| 1. Date application submitted: | | 1. *Authorized signature:* | | | | |

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| type of audit required | | | | | | | | | | | | | | | | | |
| Pre-Audit: | | | | | Initial with GGAP: | | | Renewal with GGAP: | | | | | | Renewal with GGAP/Initial with QCS: | | | |
| **Applicant suggested date range for the harvested audit:** | | | | | | | | | | | | | | | | | |
| option for certification | | | | | | | | | | | | | | | | | |
| Option 1 “Individual Producer”: | | | | | | | | | | Option 1 Multisite without QMS: | | | | | | | |
| Option 1 Multisite with QMS: | | | | | | | | | | Option 2 “Producer Group”: | | | | | | | |
| STANDARD | | | | | | | | | | | | | | | | | |
| Integrated Farm Assurance (IFA) GFSI Standard: | | | | | | Harmonized Produce Safety Standard (HPSS): | | | | | | | | | | | |
| Chain of Custody (CoC): Supply Chain  , Retail Stores | | | | | | | | | | | | | | | | | |
| Add-on | | | | | | | | | | | | | | | | | |
| 1. GRASP:  total number of employees: | | | | | 1.1. Farm workers are: employees , family , subcontracted services | | | | | | 1.2. \*For subcontracted services, have they had GRASP evaluation? Yes  , No | | | | | | |
| 1.3. \*If Yes, who completed the evaluation       and when was the evaluation date (M/D/Y) | | | | | | | | | | | 1.4. \*If No, would you like for QCS to complete it?  Yes  , No | | | | | | |
| 1. FSMA PSR: | 1. TR-4: | 1. AH DLL GROW: with a supplier  , or with a service provider  - Name of supplier/service provider:   Did the supplier inform you and provide documents about AH DLL Grow? Yes  , No  (submit evidence) | | | | | | | | | | | | | | | |
| 1. **HANDLING TYPE** | | | | | | | | | | | | | | | | | |
| Facility | | | | In field | | | | | In field + facility | | | | Not Applicable | | | | |
| 1. **Have you ever been certified to GLOBAL G.A.P Scheme? Yes**   **No** | | | | | | | | | | | | | | | | | |
| If YES, please provide your prior GGN# | | | | | | | | | | | | | | | | | |
| GEneral product DESCRIPTION | | | | | | | | | | | | | | | | | |
| 1. **Product Produced**  * Include scientific name from GLOBALG.A.P. product list. * List Harvesting Month(s) per product | | | 1. **Area Under Production**   *for First Harvest*  Indicate Hectares  Indicate if covered (greenhouse) or non-covered crop | | | | 1. **Area Under Production**   *for Further Harvest* | | | 1. **Product Harvest**   YES or NO | | 1. **Product Handling**   YES or NO | | | 1. **Parallel Ownership**   Farm  YES or NO | 1. **Parallel Ownership**   PHU  YES or NO | 1. **Country of Destination** |
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| 1. **Total number of hectares:** | | | | | | | | | | | | | | | | | |
| for option 1: details of each production SITE | | | | | | | | | | | | | | | | | |
| 1. **Total number of production sites within the organization (legal entity):** | | | | | | | | | | | | | | | | | |
| 1. **Name** of the **production site**   andof the **contact person** at the site | | | 1. **Product Produced**   include scientific name from official GLOBALG.A.P. product list | | | | 1. **Site Address** and **GPS** position North/South Latitude and East/West Longitude | | | | | | 1. **Area under production**   indicate if covered or uncovered  in Hectares | | | | 1. **Parallel Ownership**   YES or NO  for each product\* |
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| \* YES = certified **and** non-certified product is produced / NO = 100% GLOBALG.A.P. certified product is produced  \*\* Please know that under the AH DL Grow add-on, parallel ownership cannot be applied to option 1 producers (individual or multisite with or without QMS). It only applies to option 2 producer groups. | | | | | | | | | | | | | | | | | |

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| for option 2: details of each producer member | | | | | | | |
| 1. **Total number of producer members within the producer group:** (please submit master list along with application) | | | | | | | |
| 1. **Name** of the **legal entity, production sites** (if more than one under the same legal entity) and **responsible person** | 1. **Product produced**   include scientific name following official GG.A.P. product list | 1. **Address,**   **Contact details** (email, phone, fax),  **GGN** (if available),  **Legal Registration Number** (e.g. Tax or VAT/CIF) and **GPS** position  North/South Latitude and East/West Longitude | 1. **Area under production**   indicate if covered or  non-covered crop  in Hectares | 1. **Parallel Ownership**   Farm  YES or NO  for each member & product\* | 1. **Parallel Ownership**   PHU  YES or NO  for each member & product\* | 1. **PHU included**   YES or NO  for each member & product | 1. **Country of Destination** |
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| \* **Parallel Ownership:** YES = this member produces and handles certified **and** non-certified product / NO = this member produces and handles 100% certified product | | | | | | | |
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| DEtails of each product handling FACILITY | | | | | |
| 1. **Total number of product handling facilities within the organization:** | | | | | |
| 1. **Name of the facility / Organization** and **Representative** | 1. **Activity** and **Products Handled** | | 1. **Site Address** and **GPS** position North/South Latitude and East/West Longitude | 1. **Current Handling Quantity**   Metric Tons per year | 1. **Parallel Ownership**   YES or NO  for each product\* |
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| \*YES = this PHU is buying and/or handling products from GLOBALG.A.P. certified **and** from **non**-GLOBALG.A.P. certified sources.  NO = this PHU is **only** buying and/or handling product from GLOBALG.A.P. certified sources. | | | | | |
| 1. If you are including product handling, please declare if you also handle and pack products for other GLOBALG.A.P. certified producer(s):   Yes  No | | | | | |
| 1. If you are subcontracting your product handling, please provide the GLOBALG.A.P. Number(s) (GGN) of the subcontracted certified producer(s): | | | | | |
| 1. If you are subcontracting any other activity(es), please list them: | | | | | |
| 1. If you are certified to other standards, please list them: | | | | | |
| 1. Are you currently with the QCS Organic Certification Program? | | 1. If yes, please enter your QCS Organic ID Number: | | | |
| 1. Have you received consultancy during the last 2 years? (if Yes, indicate by who): | | | | | |

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| 1. **CONFIDENTIALITY, data use and data release authorisation** |
| Following GLOBALG.A.P. Data Access Rules V 4.1\_ Feb 2024:  1. By participating in GLOBALG.A.P. System, the producer grants access to the producer/company data as listed to the respective data access groups. This setting represents the minimum data access setting. The certificate holders (producer/producer group) organization name, country and city will always be displayed.  2. GLOBALG.A.P. and QCS will use the data entered in the GLOBALG.A.P. Database for internal administrative processes following the requirements of the GLOBALG.A.P. System.  Yes, I agree to grant access to the minimum data access setting.  No, I do not agree to grant access to the minimum data access setting. If you choose this option, you cannot be certified to the GLOBAL G.A.P Standards. |

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| application checklist |
| 1. **Be sure to Sign and Date the Application on page 1.** 2. **Be sure all information is accurately provided and legible.**   ***QCS quotation form will consider all GLOBALG.A.P. General Regulations requirements.***  For information or questions, please contact QCS.  Quality Certification Services  5700 SW 34th Street, Suite 349, Gainesville, FL 32608 USA  Ph: 352-377-0133 | Food Safety/GAPs: 352-727-7157 | Fax: (352) 377-8363  [GAPadmin@qcsinfo.org](mailto:GAPadmin@qcsinfo.org) | [www.qcsinfo.org](http://www.qcsinfo.org) |

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| RESERVED FOR QCS USE Date Application and GGN checked:  Application and GGN (if any) status checked by:  **Result - products are currently:**  Valid GGN  New to GGAP/Not in a certified process  Expired/Status Could not be determined  Accepted/Accepted under other CB  Product Suspended  Open Non-Conformance  Cancelled  Annulled  **Additional Notes:**  If a transfer client, when was the date of surrender: |