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| C:\Users\jmillbrand\Desktop\PJRFSI Logo.jpg ... | | \\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 Food Safety, 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.* | |
|  |  |

|  |  |
| --- | --- |
| **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 Food Safety, Inc.**  **Representative/Project Manager** |  | | |

**Perry Johnson Registrars Food Safety, Inc.**

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