

# CERTIFIED NATURAL, INTERNATIONAL™ CERTIFICATION APPLICATION YEAR 2007

Please complete this form in as much detail as possible and return it to Certified Natural, International™ by fax or mail. You may also obtain this document from Certified Natural, International™ and complete via email. Once Certified Natural, International™ receives the completed Certification Application and Scope, a complete Certified Natural Plan, signed service agreement letter, and the \$500.00 non-refundable application fee, you will be advised of the selected auditor and any further requirements.

If you have any questions or concerns about this application please feel free to contact us.

## Client Contact Details

Company Name			
Trade Name			
Agent			
Authorized Contact			
Mailing Address			
Physical Address			
Telephone		Mobile	
Fax		Email	

## Certification Information

Is your organization currently certified? YES NO (please circle one) By whom: \_\_\_\_\_

If yes, effective dates of certification? \_\_\_\_\_

Has your organization ever been declined/refused certification? YES NO (please circle one)

By whom: \_\_\_\_\_ Please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When do you believe you will be ready for certification? \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What method of operation are you going to certify?

Check as many boxes as are appropriate.

<input type="checkbox"/>	Grower	<input type="checkbox"/>	Packer	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Processor/Manufacturer	<input type="checkbox"/>	Wholesale/Retail	<input type="checkbox"/>	Other:

What is the scope of the operation and items processed, sold, or handled? (please attach any applicable flow charts for processing operations)

---



---



---



---



---

What is your primary location? Please list any additional locations.  
If necessary, please attach a sketch of directions to your location(s).

---



---



---



---



---

Do you have any activities at any locations other than your primary operation? Please explain:

---



---



---

What do your supplier operations consist of?

---



---



---

Is your Certified Natural Systems Plan Attached?      YES    NO    (please circle one)

How many pages?      \_\_\_\_\_

Number of Executive Staff	<input type="text"/>	Number of Employees	<input type="text"/>
Process Shifts	<input type="text"/>	Size of Processing/Manufacturing and/or Warehouse area	<input type="text"/>
Number of Farming Areas	<input type="text"/>	Total Size of Farming Areas	<input type="text"/>