



INSTRUCTIONS FOR COMPLETING THE DOCUMENT:

Please ensure that you have downloaded and saved the document locally before filling it out. This interactive PDF must be opened and completed using Adobe Reader/Acrobat before submitting it to CEMA.

1. Company Details:

Producer or company name:			
Legal representative name:			
Fiscal address:			
Country:		Postal code:	
RFC/RUT/CIF-NIF:		Email:	
Phone:		Contact Person:	
Cellphone:		Position or function:	
Website:		Social media:	

2. Please select the standards to be evaluated (select the applicable ones):

GLOBALG.A.P.	<input type="checkbox"/>	ISO 22000:2018	<input type="checkbox"/>
PrimusGFS	<input type="checkbox"/>	FSSC 22000 food safety system certification	<input type="checkbox"/>
		ISO 9001:2015	<input type="checkbox"/>

3. Please select the type of evaluation that will be provided by this certification body (CB):

Initial Certification:	<input type="checkbox"/>	Re-certification:	<input type="checkbox"/>
Scope Extension:	<input type="checkbox"/>	Transfer Certification:	<input type="checkbox"/>

For companies applying for transfer certification PLEASE ANSWER THE FOLLOWING QUESTIONS:	
Certificate Number (GGN, CoC, ID PrimusGFS):	
Standard:	
Validity Date:	
Certification Body:	

Are your certificates active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Detail the number of major and minor non-conformities detected in the last audit:	Major NCs:	Minor NCs:
If affirmative, provide details:		

Note: If you do not provide this information, we will not be able to process the transfer. Please note that CEMA will verify the validity of the information with your current certification body.

CONTINUATION OF COMPANY DETAILS:

4. Please indicate the products to be certified with their scientific name and the destination country (or countries) for each product (use ISO nomenclature):

Product / Scientific Name	Country (ies)	Product / Scientific Name	Country (ies)
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

5. Please mark the harvest/production/processing/marketing months for each product to be certified:

Products	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1.-												
2.-												
3.-												
4.-												
5.-												
6.-												
7.-												
8.-												
9.-												
10.-												

6. Subcontractors, Do any of your production/processing/handling activities involve subcontractors? If affirmative, please indicate them below:

Subcontractor	Address and country	Activity / Process	Number of workers	Certification (GLOBALG.A.P., ISO, etc.)
1.-				
2.-				
3.-				
4.-				
5.-				

Note: For the GLOBALG.A.P. chain of custody (CoC), the subcontracted activities are storage, processing, and labeling.

7. Please indicate the information regarding restricted dates:

Restricted Dates: This refers to a period of time (one week) during which an unannounced audit cannot be conducted due to specific reasons, such as low operational season, valid business reasons, etc.

Please provide details of the reason:

SECTION A: GLOBALG.A.P.

1. Please select the certification option that will be provided:

IFA Option 1 – Individual Producer	<input type="checkbox"/>	IFA Option 1 – Individual Multi-site Producer with QMS	<input type="checkbox"/>
IFA Option 1 – Individual Multi-site Producer without QMS	<input type="checkbox"/>	IFA Option 2 – Producer Group with QMS	<input type="checkbox"/>
Chain of Custody (CoC) – v6.1			<input type="checkbox"/>

Note: For Option 2 – Producer Group, please complete the corresponding document FOR-SGI-03 Annex of the certification application.

2. Please select the scope and certification version:

IFA – Fruits and Vegetables		IFA – Flowers and Ornamentals	
Add-on GRASP		Add-on FSMA PSR	
Add-on SPRING		Add-on AH-DLL GROW	
TR4 Biosecurity		Add-on GGFSa	

3. Please select the certification scopes to be evaluated:

Field Site(s) Evaluation:	<input type="checkbox"/>	Includes Handling Packaging of Own Product:	<input type="checkbox"/>
Includes Product Harvest:	<input type="checkbox"/>	Includes Field Packing of Product:	<input type="checkbox"/>
Excludes Product Harvest:	<input type="checkbox"/>	Includes Handling Packaging of Rented	<input type="checkbox"/>
Excludes Product Handling:	<input type="checkbox"/>	Product:	

During registration, if product harvest exclusion is requested, the producer must have a contract with the buyer stating that the harvester/buyer will comply with the provisions established in the General Regulations "Rules for Crops" version 6 section 2.2.

4. Please select the Chain of Custody (CoC) certification scope(s) to be evaluated:

Trader:	<input type="checkbox"/>	Processor:	<input type="checkbox"/>
Packer:	<input type="checkbox"/>	Exporter:	<input type="checkbox"/>

5. According to the requirements of the Rules on Data Access document (available at www.globalgap.org/es/documents), please select the desired option:

The producer agrees to allow access to their company address by the group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The producer allow access to their company address for the public access group.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Please fill in the information about the field sites (farm or greenhouses) if applicable:

Do you have Parallel Ownership? (We refer to Parallel Ownership when individual producers, producer groups, or members of a producer group own the same product, partly as certified and partly as non-certified under GLOBALG.A.P. This can occur if they produce or purchase non-certified products of the same product they produce and have registered for certification. Parallel Ownership also applies if not all members of a producer group who produce a product registered for certification are included in the scope of the certificate.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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7. Please fill in the information about the field sites (farm or greenhouses) if applicable:

Farm / Greenhouse name (1):	
Product(s) and surface area per product:	
Site Address:	

SECTION A: GLOBALG.A.P.

GPS Coordinates (decimal) of the Site:	
Distance from the main site in km and travel time:	
If crops are grown under greenhouse, macro-tunnel or other covered systems, please specify which ones and the surface area in hectares:	
Operating hours:	
Working days of the farm:	
Is the farm family-owned? (Yes/No):	
Number of permanent workers:	Number of seasonal workers:
If certifying under SPRING version; amount of water used in ft ³ /year per certified product:	
Of the products to be certified, does the producer purchase GLOBALG.A.P. certified product from other producer(s)?:	
Of the products to be certified, does the producer purchase non-GLOBALG.A.P. certified product from other producer(s)?:	
If GLOBALG.A.P. certified product is purchased from other producer(s), please indicate the GGN(s) of the product(s):	

Field Site / Greenhouse Name (2) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under greenhouse, macro tunnel, or other, please specify which and the surface area in hectares:	
Operating hours:	
Working days of the farm:	
Is the farm family-owned? (Yes/No):	
Number of permanent workers:	Number of seasonal workers:
If certifying under SPRING version; amount of water used in ft ³ /year per certified product:	
Of the products to be certified, does the producer purchase GLOBALG.A.P. certified product from other producer(s)?:	
Of the products to be certified, does the producer purchase non-GLOBALG.A.P. certified product from other producer(s)?:	
If GLOBALG.A.P. certified product is purchased from other producer(s), please indicate the GGN(s) of the product(s):	

Field Site / Greenhouse Name (3) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	

SECTION A: GLOBALG.A.P.

If crops are grown under greenhouse, macro-tunnel or other covered systems, please specify which ones and the surface area in hectares:	
Operating hours:	
Working days of the farm:	
Is the farm family-owned? (Yes/No):	
Number of permanent workers:	Number of seasonal workers:
If certifying under SPRING version; amount of water used in ft ³ /year per certified product:	
Of the products to be certified, does the producer purchase GLOBALG.A.P. certified product from other producer(s)?:	
Of the products to be certified, does the producer purchase non-GLOBALG.A.P. certified product from other producer(s)?:	
If GLOBALG.A.P. certified product is purchased from other producer(s), please indicate the GGN(s) of the product(s):	

Field Site / Greenhouse Name (4) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under greenhouse, macro tunnel, or other, please specify which and the surface area in hectares:	
Operating hours:	
Working days of the farm:	
Is the farm family-owned? (Yes/No):	
Number of permanent workers:	Number of seasonal workers:
If certifying under SPRING version; amount of water used in ft ³ /year per certified product:	
Of the products to be certified, does the producer purchase GLOBALG.A.P. certified product from other producer(s)?:	
Of the products to be certified, does the producer purchase non-GLOBALG.A.P. certified product from other producer(s)?:	
If GLOBALG.A.P. certified product is purchased from other producer(s), please indicate the GGN(s) of the product(s):	

Note: If you have more than four production sites, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

8. Please fill in the following information:

Apart from the ranches/farms included in the certification, do you have more ranches/farms with the same crops that will not be certified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If affirmative, please specify which ones:		

Are all production sites where the product(s) included in the scope of the GLOBALG.A.P. certification belong to the legal entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For production sites that do not belong to the legal entity, a lease agreement must exist, including the stipulations outlined in the General Regulations Part I – General Requirements of the current version for the requested scope, section 4.2 "Registration," subsection j), numeral (ii).		

SECTION A: GLOBALG.A.P.

9. Please fill in the information about the sites under the GRASP scope:

	Total number of workers in the group							Family members	Specify relationship
	Nationals			Foreigners					
	Permanent	Temporary	Agency	Permanent	Temporary	Agency			
Number of male workers									
Number of female workers									
Total									
Total number of national workers									
Total number of foreign workers									

10. Please fill in the information about facilities (packing unit, cold storage, chain of custody) if applicable:

Unit Name (1):			
Product(s):			
Packing Address:			
GPS Coordinates of the Unit:			
Distance from the main site in km and travel time:			
Does the facility hold a valid GFSI-recognized certification? (If Yes, please indicate which one and its validity in the sections below)			
GFSI recognition:		Validity: From	to
Number of permanent workers:		Number of seasonal workers:	
Operating hours:			
Number of work shifts:			
Product labeling is performed at the facility:			
Of the products to be certified, do you purchase GLOBALG.A.P. certified product from other producers?			
Of the products to be certified, does the operation purchase non-GLOBALG.A.P. certified product from other producer(s)?			
In case of purchasing GLOBALG.A.P. certified product(s) from other producer(s), please indicate the GGN(s) of the product(s):			

Unit Name (2):			
Product(s):			
Packing Address:			
GPS Coordinates of the Unit:			
Distance from the main site in km and travel time:			
Does the facility hold a valid GFSI-recognized certification? (If Yes, please indicate which one and its validity in the sections below)			
GFSI recognition:		Validity: From	to
Number of permanent workers:		Number of seasonal workers:	
Operating hours:			
Number of work shifts:			
Product labeling is performed at the facility:			
Of the products to be certified, do you purchase GLOBALG.A.P. certified product from other producers?			
Of the products to be certified, does the operation purchase non-GLOBALG.A.P. certified product from other producer(s)?			

SECTION A: GLOBALG.A.P.

In case of purchasing GLOBALG.A.P. certified product(s) from other producer(s), please indicate the GGN(s) of the product(s):

Unit Name (3):			
Product(s):			
Packing Address:			
GPS Coordinates of the Unit:			
Distance from the main site in km and travel time:			
Does the facility hold a valid GFSI-recognized certification? (If Yes, please indicate which one and its validity in the sections below)			
GFSI recognition:		Validity: From	to
Number of permanent workers:		Number of seasonal workers:	
Operating hours:			
Number of work shifts:			
Product labeling is performed at the facility:			
Of the products to be certified, do you purchase GLOBALG.A.P. certified product from other producers?			
Of the products to be certified, does the operation purchase non-GLOBALG.A.P. certified product from other producer(s)?			
In case of purchasing GLOBALG.A.P. certified product(s) from other producer(s), please indicate the GGN(s) of the product(s):			

Unit Name (4):			
Product(s):			
Packing Address:			
GPS Coordinates of the Unit:			
Distance from the main site in km and travel time:			
Does the facility hold a valid GFSI-recognized certification? (If Yes, please indicate which one and its validity in the sections below)			
GFSI recognition:		Validity: From	to
Number of permanent workers:		Number of seasonal workers:	
Operating hours:			
Number of work shifts:			
Product labeling is performed at the facility:			
Of the products to be certified, do you purchase GLOBALG.A.P. certified product from other producers?			
Of the products to be certified, does the operation purchase non-GLOBALG.A.P. certified product from other producer(s)?			
In case of purchasing GLOBALG.A.P. certified product(s) from other producer(s), please indicate the GGN(s) of the product(s):			

Note 1: If you have more than four handling centers, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

Note 2: In cases of Parallel ownership (PO), individual producers, producer groups, or producer group members own the same product partly as GLOBALG.A.P. certified and partly as noncertified. This can occur if they produce or buy noncertified products of the same product they produce and have registered for certification. If not all members of a producer group producing a product that is registered for certification are included in the scope of the certificate, PO also applies.

SECTION B: PrimusGFS

1. Please select the operation(s) to be evaluated:

Farm Operation	<input type="checkbox"/>	Cold Storage Operation	<input type="checkbox"/>
Greenhouse Operation	<input type="checkbox"/>	Packing Operation	<input type="checkbox"/>
Harvest Crew Operation	<input type="checkbox"/>	Processing Operation	<input type="checkbox"/>
Storage and Distribution Center Operation			<input type="checkbox"/>

2. Please select if you would like to evaluate any of the following voluntary modules.

Module Preventive control	<input type="checkbox"/>	Module IPM Practices	<input type="checkbox"/>
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3. Please complete the following information for the registration of the GFSI scope:

BI: Farming of Plants (Other Than Grains and Pulses Farm; Greenhouse; Harvesting crew	<input type="checkbox"/>	BIII: Pre-process Handling of Plant Products Handling of plant products before processing; Cooling; Packing	<input type="checkbox"/>
BII: Farming of Grains and Pulses Farm; Greenhouse; Harvesting crew	<input type="checkbox"/>	CII: Processing of Perishable Plant Products Processing	<input type="checkbox"/>
G: Provision of Storage and Distribution Services Warehousing and distribution center			<input type="checkbox"/>

Nota: En caso de que su alcance GFSI no se encuentre en la tabla anterior, favor de comunicarse con CEMA.

4. Please complete the following information for contact registration on the PrimusGFS platform:

1. Name:		Position or Role:	
Email:		Phone:	
2. Name:		Position or Role:	
Email:		Phone:	

5. Please fill in the information about the field sites (farm or greenhouses) if applicable:

Farm / Greenhouse Name (1) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under a greenhouse, macro tunnel, or other structure, please specify which and the surface area in hectares:	
Farm / Greenhouse Name (2) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under a greenhouse, macro tunnel, or other structure, please specify which and the surface area in hectares:	
Farm / Greenhouse Name (3) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	

SECTION B: PrimusGFS

Distance from the main site in km and travel time:	
If crops are under a greenhouse, macro tunnel, or other structure, please specify which and the surface area in hectares:	

Farm / Greenhouse Name (4) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under a greenhouse, macro tunnel, or other structure, please specify which and the surface area in hectares:	

Farm / Greenhouse Name (5) :	
Product(s) and surface area per product:	
Site Address:	
GPS Coordinates of the Site:	
Distance from the main site in km and travel time:	
If crops are under a greenhouse, macro tunnel, or other structure, please specify which and the surface area in hectares:	

Note: If you have more than five Farm/Greenhouse operations, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

6. Please fill in the information about the harvest crew, if applicable:

Crew Number or Name (1) :	
Number of workers:	
Harvest Crew Company Name:	
Address:	
GPS Coordinates of the Site:	
Product(s)	

Crew Number or Name (2) :	
Number of workers:	
Harvest Crew Company Name:	
Address:	
GPS Coordinates of the Site:	
Product(s)	

Crew Number or Name (3) :	
Number of workers:	
Harvest Crew Company Name:	
Address:	
GPS Coordinates of the Site:	
Product(s)	

Note: If you have more than 3 Harvest Crew operations, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

SECTION B: PrimusGFS

7. Please fill in the information about facilities (packing unit, processing plant, cold storage, storage, and distribution center) if applicable:

Unit Name (1):		
Product(s):		
Packing Address:		
GPS Coordinates of the Unit:		
Distance from the main site in km and travel time:		
Number of permanent workers:		Number of seasonal workers:
Operating hours:		
Construction area (ft ²):		
Refrigeration area (ft ²):		
Number of production lines:		

Unit Name (2):		
Product(s):		
Packing Address:		
GPS Coordinates of the Unit:		
Distance from the main site in km and travel time:		
Number of permanent workers:		Number of seasonal workers:
Operating hours:		
Construction area (ft ²):		
Refrigeration area (ft ²):		
Number of production lines:		

Unit Name (3):		
Product(s):		
Packing Address:		
GPS Coordinates of the Unit:		
Distance from the main site in km and travel time:		
Number of permanent workers:		Number of seasonal workers:
Operating hours:		
Construction area (ft ²):		
Refrigeration area (ft ²):		
Number of production lines:		

Note: If you have more than three handling/storage unit operations, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

8. Please answer the following information:

Would you like to add a distributor within the PrimusGFS application? Yes No

If "Yes" is selected, please fill in the following information:

Distributor Name:		
Full name of the distributor's contact person:		
Email:		
Phone number:		
Address:		Postal Code:
Country:	State:	City:

NOTE: If you choose **YES** to add a distributor, please be aware that they will appear in the final audit report and in the documents generated by the platform.

SECTION C: FSSC 22000 / ISO 22000:2018

Note: In addition to the application information, you must attach the following documents: process flow diagrams, facility map, organizational chart of management/reporting employee structure, and if applicable, the most recent certification and audit report.

1. Please complete the following facility information:

Facility Name:	
Address:	
GPS Coordinates:	
Company Age:	
Years at Current Site:	
Construction Date at Current Site:	
Construction Area (m ²):	
Number of Production Lines:	
Number of Full-time and Part-time Permanent Employees:	
Estimated Number of Seasonal/Temporary Employees in Peak Season:	
Total Number of Employees in Peak Season:	
Number of Shifts in a Day:	

Note: If you have more than one operation to be certified, please complete the corresponding document FOR-SGI-02 Annex of the Certification Request.

Does the facility manufacture or package products together?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storage facility size (m ²):		
Miles between the storage facility and the main facility:		
Total square meters of all buildings to be included in the audit:		

If the facility operates year-round, indicate peak season:	
If the facility does not operate year-round, specify the months of operation:	

2. Please complete the following information regarding the scope of certification.

What is the proposed scope of certification? (Detailed product(s) manufactured and key processes, packaging, for example: Processing of pre-packaged refrigerated pineapple slices and canned pineapple).	
Exclusions: detail the lines/operations or product groups that should be excluded from the certification.	
Justification for the exclusion:	
Detail the operations included in the scope that are carried out at another site. What is the distance to this site?	
Does your management system include considerations related to climate change?	

SECTION C: FSSC 22000 / ISO 22000:2018

3. Please complete the product information:

Note: The number of HACCP plans must be accurate before the audit begins. If you have multiple HACCP plans that are actually part of some HACCP families, please indicate it here. The duration and process of the audit depend on the accuracy of the information provided in this regard.

HACCP Plans Number:	
List of CCPs:	
List of Raw Materials: (consider the country of origin)	
List of Allergens on Site:	
List of Packaging Materials/Types:	
List of Co-packers/Co-manufacturers:	
List of Preservation Methods: (e.g., cooling, freezing, roasting, pasteurization, etc.)	
List of Subcontracted Processes/ Treatments: (e.g., PPO, packaging, etc.)	
Storage and Transportation Methods: (Storage at ambient temperature, refrigerated, frozen, environmental transport, refrigerated)	
Is the Process Fully Automated?	
Production Processes: (consider the process steps as indicated in the flow diagrams)	
List of Products to be Excluded from Scope:	
Products Treated with Sulfur Dioxide (SO ₂), Chlorine Dioxide, Chlorine, or Any Other Gas or Solution:	

SECTION D: ISO 9001:2015

Note: In addition to the application information, please attach the following documents: process flow diagrams, facility map, organizational chart of the management/reporting employee structure, and, if applicable, the latest audit certificate and report.

1. Please complete the following facility information:

Facility Name:	
Address:	
GPS Coordinates:	
Company Age:	
Years at Current Site:	
Construction Date at Current Site:	
Construction Area (m ²):	
Number of Production Lines:	
Number of Permanent Employees (Full-time and Part-time):	
Estimated Number of Temporary/Seasonal Employees in Peak Season:	
Total Number of Employees in Peak Season:	
Number of Shifts in a Day:	

Note: In case of having more than one operation to be certified, please complete the document corresponding to FOR-SGI-02 Annex of the Certification Request.

Does the facility manufacture or package products together?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storage facility size (m ²):		
Miles between the storage facility and the main facility:		
Total square meters of all buildings to be included in the audit:		

If the facility operates year-round, indicate the peak season:	
If the facility does not operate year-round, specify the months of operation:	

2. Please complete the following certification scope information:

What is the proposed certification scope? (detailed product(s) manufactured and key processes, packaging, for example: Processing of pre-packaged refrigerated pineapple slices and canned pineapple.):	
Exclusions, specify the lines/operations or product groups that should be excluded from the certification:	
Justification for exclusion:	
Detail the operations included in the scope that are performed at another site. What is the distance to this site?:	
Does your management system include considerations related to climate change?	

SECTION D: ISO 9001:2015

3. Please complete the product information:

Note: The number of HACCP plans must be accurate before the audit begins. If you have multiple HACCP plans that are actually part of some HACCP families, please indicate it here. The duration and process of the audit depend on the accuracy of the information provided.

HACCP Plan Number:	
List of CCPs:	
List of Raw Materials: (considering the country of origin)	
List of Allergens on Site:	
List of Packaging Materials / Types:	
List of Co-packers/Co-manufacturers:	
List of Preservation Methods: (e.g., cooling, freezing, toasting, pasteurization, etc.)	
List of Subcontracted Processes / Treatments: (e.g., PPO, packaging, etc.)	
Storage and Transportation Methods: (storage at ambient temperature, refrigerated, frozen, environmental transport, refrigerated transport)	
Is the Process Fully Automated?	
Production Processes: (consider the process steps as indicated in the flow diagrams)	
List of Products to be Excluded from the Scope:	
Products Treated with Sulfur Dioxide (SO ₂), Chlorine Dioxide, Chlorine, or Any Other Gas or Solution:	

SECTION E: Review of the Certification Application

(Exclusive for CB staff)

IMPORTANT: This section is to be completed exclusively by the CB staff.

1. Please complete the following information:

Review Element Necessary to Confirm the Service	Sí	No	Additional Comments
Is the information regarding the product, service, scope, sites, and billing correct and complete?	<input type="checkbox"/>	<input type="checkbox"/>	
Were the required documents from the scheme sent to the applicant for registration, such as contracts, invoices, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Were the signed documents received from the applicant for registration, such as contracts, quotations, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the necessary resources available to carry out all certification activities (availability of dates)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the time allocated for the audit consistent with the scope?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Please complete the information regarding data to provide the certification service and service planning process.

Assigned auditor name:	
Scheduled or tentative event date:	

Reviewer Name	Review Date