



**APPLICATION FOR CONSIDERATION AS AN ESTABLISHMENT UNDER THE CANADIAN PARTNERS IN QUALITY PROGRAM (C-PIQ)**

**DEMANDE D'AGRÉMENT D'UN ÉTABLISSEMENT POUR LE PROGRAMME DES PARTENAIRES POUR LA QUALITÉ AU CANADA (PPQ-C)**

Type of application: <input type="checkbox"/> New <input type="checkbox"/> Revision				
Preferred language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French		Current RPW and/or C-PIQ # (if applicable)		Expiry date of RPW and/or C-PIQ registration (if applicable)
Legal name of applicant as registered				
Also doing business as (if applicable)				
Street address or location of establishment				
Postal code				
Mailing address (if different from location of establishment)				
Postal code				
Telephone		Facsimile		E-mail address
Legal status of business: <input type="checkbox"/> Corporation or limited company <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Co-operative				
Name of owner of establishment			Name of operator of establishment	
<b>A copy of the federal/provincial documents of incorporation, partnership or proof of business must be attached.</b>				
Answer <b>Yes</b> or <b>No</b> to the following		Yes	No	If answer to any is yes, give details. For more space, provide attachment.
A) Have you previously applied for registration of an establishment with the CFIA?		<input type="checkbox"/>	<input type="checkbox"/>	
B) Have you ever had a certificate of registration suspended or cancelled?		<input type="checkbox"/>	<input type="checkbox"/>	
C) Have you ever had a judgement rendered against you or your company with respect to any violation of the <i>Canada Agricultural Products Act</i> , the <i>Fresh Fruit and Vegetable Regulations</i> , or the <i>Licensing and Arbitration Regulations</i> ?		<input type="checkbox"/>	<input type="checkbox"/>	
Name and position of person(s) responsible for the supervision of your Quality Assurance system and preparation of product				
List kind of produce prepared in your establishment				
Company Quality Assurance Manual attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, expected date of submission	
Application fee of \$500 to be attached. Cheque, money order or bank draft made payable to the <b>RECEIVER GENERAL FOR CANADA</b> . VISA or MASTER CARD also accepted. Please note application fee is non-refundable.				
Method of payment				
<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> or charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard _____				
			Credit card number	Expiry date
Card holder's name _____		Card holder's signature _____		Date _____
Please print		Card holder's signature		Date
I, the undersigned, certify that the foregoing information and the attached annex(es) are, to the best of my knowledge, true and correct. Further, I hereby consent to the disclosure of the name, address, telephone number, designated code and/or registration number of the establishment. Also by signing this application, I agree to all of the conditions found herein.				
Signature		Title or official capacity		Date
<b>FOR AGENCY USE ONLY</b>				
	Name	Official capacity	Amount	Date
Application recommended by				
Fee collected by				
Fee deposited by				