

## Change of Status Form

**Instructions: You are required to advise us in writing (by completing this form) at any time that your status or operation changes.**

### REQUIRED INFORMATION:

Legal Operating Name (*required*): \_\_\_\_\_

Certificate Expires on (*date required*): \_\_\_\_\_

When was your last on-site audit? (*date required*): \_\_\_\_\_

Answer applicable question(s) below:	Provide additional details:
<p>1. Has the operation had a change to the name or ownership?</p> <p><input type="checkbox"/> YES. Provide details in the next column We will contact you if further action is required</p>	<p>Provide details, attach additional pages if needed:</p>
<p>2. Has there been any change to your contact information?</p> <p><input type="checkbox"/> YES. Provide details on next page</p>	<p>Please update your contact details <b>on the next page.</b> Provide only <b>NEW</b> information.</p>
<p>3. Are you changing your certification option? (Requests for change in option must be received by CanadaGAP <b>at least</b> 15 business days before the scheduled audit.)</p> <p><input type="checkbox"/> YES. Provide details in the next column <b>Note: Options A1, A2, E &amp; F are non-GFSI-recognized</b></p>	<p>Current option (circle one):</p> <p style="text-align: center;">A1   A2   C   D   E   F</p> <p>Change my certification option to:</p> <p style="text-align: center;">A1   A2   C   D   E   F</p>
<p>4. Are you changing your certification body?</p> <p><input type="checkbox"/> YES. Provide details in the next column and answer below question</p> <p>When was the last time your operation had an unannounced audit? _____ (Please provide audit date. If not applicable, indicate 'never')</p>	<p><b>Current certification body (circle one):</b></p> <p>BNQ   CU   dicentra   NSF Canada Ag   PJRFSI   TSLC</p> <p><b>Change my certification body to (circle one):</b></p> <p>BNQ   CU   dicentra   NSF Canada Ag   TSLC</p>
<p>5. Have you changed location or added new sites that need to be included in your certification scope?</p> <p><input type="checkbox"/> YES. Provide details in the next column</p>	<p>Provide details, attach additional pages if needed:</p>
<p>6. Are you adding or removing crops or activities from your certification this year?</p> <p><input type="checkbox"/> YES. Provide details in the next column</p> <p>(e.g., no longer producing carrots; will be packing cucumbers)</p>	<p>Provide details, attach additional pages if needed:</p>



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**IF YOUR CONTACT INFORMATION HAS CHANGED IN THE LAST YEAR:**

- Complete applicable sections below
- Include only **NEW information**.

Name of Person(s) Responsible for Operation: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Food Safety Contact:  
(if different from above) \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name of Other Contact – e.g., for CanAgPlus  
AGM membership information (if different from  
above): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Mailing & Billing Address (or Central Address of Group for Option B participants):**

Street: \_\_\_\_\_

City/Town/Municipality: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**REQUIRED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective date of changes: \_\_\_\_\_

**Return whenever you have a change in your operation or status. This should occur well before your audit is scheduled or your certificate expires. Send to:**

CanadaGAP Program  
245 Menten Place, Suite 312, Ottawa, ON K2H 9E8  
Fax: 613-829-9379  
Email: [info@canadagap.ca](mailto:info@canadagap.ca)  
**Questions?** Phone: 613-829-4711

**You are required to advise us in writing (by completing this form)  
at any time that your status or operation changes.**

*Thank you for your cooperation.*