



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 on the next page. Provide only NEW information.</p>
<p>3. Are you changing your certification option? <i>(Requests for change in option must be received by CanadaGAP at least 15 business days before the scheduled audit.)</i></p> <p><input type="checkbox"/> YES. Provide details in the next column Note: Options A1, A2, E & F are non-GFSI-recognized</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 questions</p> <p>When was the last time your operation had an unannounced audit? _____ <i>(Provide audit date. If not applicable, indicate 'never')</i></p> <p>Do you grant permission to CanadaGAP to forward a copy of your operation's most recent certificate, audit report & corrective actions report to the new certification body?</p>	<p>Current certification body (circle one):</p> <p style="text-align: center;">BNQ CU dicentra MSVS NSF TSLC</p> <p>Change my certification body to (circle one):</p> <p style="text-align: center;">BNQ CU MSVS NSF TSLC</p> <p><input type="checkbox"/> YES, CanadaGAP may forward the documents.</p> <p><input type="checkbox"/> NO, I will provide the required documents to my new certification body.</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>



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
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.