

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 (<i>required</i>):					
Certificate Expires on (date required):					
When was your last on-site audit? <i>(date required</i>):				
Answer applicable question(s) below:	Provide additional details:				
 Has the operation had a change to the name or ownership? 	Provide details, attach additional pages if needed:				
☐ YES, change in name.☐ YES, change in ownership.					
Provide details in the next column. We will contact you if further action is required.					
2. Has there been any change to your contact information?	Please update your contact details on the next page.				
YES. Provide details on next page	Provide only NEW information.				
3. Are you changing your certification option?	Current option (circle one):				
(Requests for change in option must be received	A1 A2 C D E F				
by CanadaGAP at least 15 business days before the scheduled audit.)	AT AZ C D E F				
,	Change my certification option to:				
YES. Provide details in the next columnNote: Options A1, A2, E & F are non-GFSI-recognized	A1 A2 C D E F				
4. Are you changing your certification body?	Current certification body (circle one):				
YES. Provide details in the next column and answer below questions	BNQ CU dicentra MSVS NSF TSLC				
NA/lean area the leat time area are retired had an	Change my certification body to (circle one):				
When was the last time your operation had an unannounced audit? (Provide audit date. If not applicable, indicate 'never')	BNQ CU MSVS NSF TSLC				
Do you grant permission to CanadaGAP to forward a	☐ YES, CanadaGAP may forward the documents.				
copy of your operation's most recent certificate, audit	l <u> </u>				
report & corrective actions report to the new	■ NO, I will provide the required documents to my				
certification body?5. Have you changed location or added new sites	new certification body. Provide details, attach additional pages if needed:				
that need to be included in your certification scope?	Trovide detaile, attaon additional pages in needed.				
☐ YES. Provide details in the next column					
6. Are you adding or removing crops or activities from your certification this year?	Provide details, attach additional pages if needed:				
☐ YES. Provide details in the next column					
(e.g., no longer producing carrots; will be packing cucumbers)					



IF YOUR CONTACT INFORMATION HAS CHANGED IN THE LAST YEAR:

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

Name o	of Perso	n(s) Respoi	nsible for Ope	eration:					
Tel:	()			Cell: () _			
Fax:	()			Email:				
Name of		Safety Cont above)	act:						
Tel:	()	=		Cell: () _			
Fax:	()			Email:				
			e.g., for CanA ation (if differe	•					
Street:					City:				
Provinc	e:		ostal ode:		Email:	:			
Mailing & Street:	•	`	r Central Ado			otion B	participa	nts):	
City/To	wn/Mun	icipality:							
Provinc	rovince:				Postal Code:				
oostal m	ail only,		nication and l the box belo mail only		email. If you	would l	ike to rec	eive thes	<mark>e throug</mark> l
REQUIR	ED:								
Signatur	e:					_ 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.