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

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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: _____

The default mode of communication and billing is email. If you would like to receive these through postal mail only, please tick the box below.

❒ all communication by postal mail only

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.