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**PROGRAM ENROLMENT FORM**

**CERTIFICATION TO THE CANADAGAP1 FOOD SAFETY PROGRAM**

**FOR FEES PAID IN US DOLLARS**

Please return this completed form by mail:

**CanadaGAP® Program**

**245 Menten Place, Suite 312, Ottawa, ON Canada K2H 9E8**

**A. Contact Information (Please Print Clearly in Capital Letters or Type)**

|  |  |
| --- | --- |
| Legal Operating Name (for use on certificate): |  |

|  |  |
| --- | --- |
| Name of Person(s) Responsible for the Operation: |  |

(i.e. producer, packer, storage or wholesale operator, broker etc.)

Language of Correspondence: ❒ English ❒ French

Mailing & Billing Address (or Central Address of Group if applying under Option B or A3):

|  |  |
| --- | --- |
| Street: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City/Town/Municipality |  | State: |  | Zip Code: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tel: | ( |  | ) |  | - |  |  | Cell: | ( |  | ) |  | - |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fax: | ( |  | ) |  | - |  |  | Email: |  |

|  |  |
| --- | --- |
| Food Safety Contact Person (if different from above): |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tel: | ( |  | ) |  | - |  |  | Cell: | (  |  | ) |  | - |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fax: | ( |  | ) |  | - |  |  | Email: |  |

**Preferred method of correspondence and billing: ❒ Email ❒ Mail**

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| Address for use on the certificate. This must be the municipal address where your operation is located (e.g., main farmyard / packinghouse / storage building / field where structure or well is located):  |
|  |

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| Additional address(es) if needed on certificate: |  |

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**B. Program Scope**

* I hereby confirm that I am **not** seeking CanadaGAP Certification for the following activities:
* For **minimal processing** activities [e.g., peeling, slicing, shredding, coring, grinding, shelling, husking, chopping, combining/mixing ingredients, juicing, modified atmosphere packing, ready-to-eat preparation, or other transformation of whole fruits and vegetables]
* For production, packing or storage of sprouts, nuts, mushrooms, spices and dried herbs, processed products or other items outside the scope of the CanadaGAP program including crops not grown on a commercial scale or at all in Canada (e.g., citrus, tropical fruits and vegetables, etc.)] Refer to the CanadaGAP Manuals for a list of commodities that ARE covered by the program.
* For repacking, wholesaling or brokerage of fresh sprouts, fresh fruit and vegetables in hermetically sealed containers, or minimally processed fruits and vegetables.

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| --- | --- | --- | --- |
| ***FOR OFFICE USE ONLY*** |  | Application # |   |
| Form transmitted to CB (date): |  |

|  |  |
| --- | --- |
|  | Enrolment received |

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**C. Certification Option** (See [www.canadagap.ca](http://www.canadagap.ca) for further information.)

**Payment must be included with your application. Please make cheques payable to** ***CanAgPlus*** (GST/HST Registration # 851418533RT0001)

|  |
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| **Choose () one of the certification options below: All fees are payable in US dollars.**  |
|  |  | **Option A1:** Four-year Audit Cycle (fixed)  |
|  |  | with Self-Assessment & random audit component |
|   |  |  $500 USD **Annual** Program Fee  |
|   |  | Add $50 USD (CHC Charge)# |
|   |  |   |
|   |   | **Option A2:** Four-year Audit Cycle (variable)  |
|  |  | with Self-Assessment & random audit component |
|   |  |  $500 USD **Annual** Program Fee  |  |
|   |  | Add $50 USD (CHC Charge)# |  |
|   |  |   |  |
|   |   | **Option A3: Group Certification - complete additional information below** |
|   |  | Add $50 USD (CHC Charge)# per Group Member |  |
|   |  |   |   |
|   |   | **Option B: Group Certification - complete additional information below** |  |
|   |  | Add $50 USD (CHC Charge)# per Group Member |   |
|   |  |   |   |
|   |   | **Option C:** Annual Audit |   |
|   |  |  $225 USD **Annual** Program Fee  |   |
|   |  | Add $50 USD (CHC Charge)# |   |
|   |  |   |   |
|   |  |  **Option D** – Repacking / Wholesale / Brokerage – Annual Audit |   |
|   |  [If combining options (i.e., options C and D), pay only the Option D fee] |   |
|   |  |  $675 USD **Annual** Program Fee  |   |
|   |   |   |

# **Note:** CHC Charge of $50 as determined by members of the Canadian Horticultural Council.

 Supports CHC's activities for Canada's horticultural sector.

 Payable annually and cannot be refunded or applied as a credit under any circumstances.

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| **D. GROUP APPLICANTS (FOR OPTION A3 OR B ONLY)**  |
| Number of members in Group: |  |  |
|  |
| ❑ | ***Attach complete list of Group members including any central sites.*** *Indicate legal operating name, address and scope of activity (e.g., crops and processes – production, packing, storage, etc.) for each group member.* |  |
|  |
| Number of Central Sites (Group Storages, Cooperative Packinghouses, etc.): |  |  |
|  |  |  |
| **Annual Program Fee**: **$2235 USD** for first 25 group members. Add $450 USD for each additional 25 group members. Add $50 USD (CHC Charge)# per Group Member. |
|  | Total enclosed: | $ |  |  |

***IMPORTANT NOTE****: Audit costs are NOT included in the Annual Program Fee.*

All audit fees are billed separately by the Certification Body, including base audit rate, additional audit hours on-site, corrective actions follow-up, and auditor travel expenses.For more information on Certification Body rates, please contact the Certification Body directly or visit our website at: [www.canadagap.ca](http://www.canadagap.ca)

**E. Certification Body**

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| **Choose () one of the certification bodies below: Please check if they offer audits outside Canada** |
|   |  |  |
|  |  | Bureau de normalisation du Québec – BNQ (Tel: 1-418-652-2238) |
|  |  |  |
|  |  | NSF Canada Ag (Tel: 1-519-821-1246) |
|  |  |  *For audit services in Québec: Gestion Qualiterra inc. (Tel: 1-450-679-0540 ext. 8802)* |
|  |  | Perry Johnson Registrars Food Safety, Inc – PJRFSI (Tel: 1-877-808-7247) |
|   |  |  |

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| **F. Preferred date for your audit:** | MM | / | DD | / | YYYY |

*Note that the audit may not happen on the preferred audit date as it depends upon a number of factors such as timing of activity, availability of auditor etc.*

**G. Food Safety Manual(s) –** Which CanadaGAP Manual are you using?

|  |
| --- |
|  **Manual** |
| * Fruits and Vegetables
 |
| * Greenhouse Product
 |
| * Other (own manual/program) – *specify:*
 |

**H. Information about the operation**

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| --- |
| **Option A1, A2, A3, B, C:** |
| Information about crops and activities *– list all products included within the scope of your certification.**(Attach additional pages if required).Check all that apply.* |
| List the fruits & vegetables you wish to include on your certificate: | Indicate your activities: | This product will go to: |
| Grow(**✔**) | Store harvested product(**✔**) | Pack(Primary)(**✔**) | Other (specify: e.g., icing facility) | Fresh market(e.g., retail, food service, farm stand)(**✔**) | Processing (**✔**) | Export (**✔**) |
|  |  |  |  |  |  |  |  |
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| **Option D: Repacking / Wholesale / Brokerage** |
| Information about activities *(for all fruits and vegetables excluding sprouts, hermetically sealed or minimally processed products) Check all that apply.* |
| Certificate scope: Fresh fruit and vegetables | Indicate your activities:(market ready packaging) | This product will go to: |
| Repack(✔) | Wholesale(✔) | Brokerage(✔) | Retail(✔) | Food service (✔) | Export(✔) |
|  |  |  |  |  |  |

Was your operation previously certified under a different food safety program

**:** ❒ Yes ❒ No

If yes, please indicate the name of the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time your operation was audited unannounced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❒ Never

*(Please provide audit date. If not applicable, tick never)*

**I. Declaration and Agreement**

The Person Responsible for the operation hereby applies for certification of the above named operation as meeting the program requirements as set out in the CanadaGAP Manual(s). The Person Responsible is the authorized contact for this operation, unless a Food Safety Contact Person is named on page one. If a Food Safety Contact Person is named on page one, the Person Responsible hereby designates the Food Safety Contact Person as an authorized contact for this operation. The undersigned understands and hereby agrees and declares that:

1. A program fee is payable annually to *CanAgPlus,* the owner of the CanadaGAP Program. Invoices are issued annually, on the anniversary of enrollment, to the authorized contact and payment terms are net 30 days. Action will be taken to decertify the operation if annual program fees are in arrears.
2. Records of food safety-related activities within the operation have been completed and are available in either English or French. At least three (3) months of records are available for the auditor to review.
3. Certification may be withdrawn for cause by the certification body, including for non-payment of CanadaGAP annual program fees.
4. The authorized contact may voluntarily terminate their participation from the Program without cause. The authorized contact must inform CanadaGAP **directly** **in writing** of any change in status (e.g., failed audit, withdrawal or suspension of certification, delay in certification, crop failure, etc.). Refunds or credits must be requested in writing by the authorized contact.
* ***Refunds***: Should the operation terminate their participation from the program (e.g., after a failed audit), upon request the Annual Program Fee is refundable to the authorized contact less a $100 processing fee, provided a written request (email or mail) is received within 9 months from the date of receipt of payment. Please note in that case, your membership in the corporation that operates the CanadaGAP Program (CanAgPlus)will be revoked effective immediately. That is, your operation will not be considered a CanAgPlusmember in good standingand will forfeit all member rights (including to participate and vote in the annual general meeting, elect directors, etc.).

* ***Credits***: Alternatively, should an operation decide to postpone certification, upon request the Annual Program Fee can be carried forward as a credit for one year. Please note in that case, your membership in the corporation that operates the CanadaGAP Program (CanAgPlus)will be suspended for the current year and will resume in the subsequent year. That is, for the current year, your operation will forfeit all member rights (including to participate and vote in the CanAgPlusannual general meeting, elect directors, etc.)*.* Full membership status will be restored the following year, when the Annual Program Fee is applied.
1. The operation may change the CanadaGAP Certification Option it has selected. Changes will be accepted only between December 1 and May 15. Notification must be provided by the authorized contact to the CanadaGAP Program in writing, using the *Change of Status* form available at www.canadagap.ca.
2. The CanadaGAP Manual(s) will be revised as required and operational practices should reflect such revisions. It is the responsibility of the certified operation to check for updates and effective dates on the CanadaGAP web site ([www.canadagap.ca](http://www.canadagap.ca)) or by contacting the CanadaGAP office.
3. Certification carries the responsibility for the authorized contact of the operation to:
4. Maintain the food safety system in compliance with the CanadaGAP Manual(s);
5. Participate in scheduled, unannounced, triggered and random audits and respond to non-conformances as required;
6. To maintain certification, companies enrolled in option A1 or A2 agree to: (a) participate in the random audit program, and (b) return at least 30 days before the certificate expiry date a completed self-declaration and self-assessment checklist each year the company is not scheduled for an audit or selected for a random audit.
7. Inform the CanadaGAP Program in a timely manner, in writing, using the *Change of Status* form, of changes in: ownership, contact information, activities and crops included in certification, certification option, certification body, and other changes in status;
8. Respect the restrictions related to the use and control of the certification. The operation and its authorized contact agree to comply with all terms governing the use of the CanadaGAP, certification body and program logos and certification marks. The list of “Do’s and Don’ts” is available from the certification body, the CanadaGAP website (www.canadagap.ca) or the CanadaGAP office.
9. Ensure the certificate is current, including initiating contact with the certification body prior to certificate expiry (e.g., to schedule the next audit, return the completed self-assessment, request an extension, etc.).
	* 1. The CanadaGAP Program acknowledges that any data captured is the property of the operation. However, the operation and its authorized contact agree to allow the CanadaGAP Program unrestricted use of the data analysis and reporting purposes as required to maintain recognition and establish industry standards. The operation and its authorized contact also agree to allow CanadaGAP representative(s) to visit the operation as may be required (e.g., to accompany an audit or inspection, to follow up on a complaint, etc.). For a copy of CanadaGAP’s Privacy Policy contact the CanadaGAP office.
		2. The operation and its authorized contact agree that the audit and any related services provided under the CanadaGAP Program are not to be construed as insurance, or as a covenant, guarantee, warranty, or promise of any kind that the operation is in compliance with any legal guidelines or requirements. The CanadaGAP Program and CanAgPlus disclaim any liability or responsibility regarding the practices and operations of the program participant, and bear no responsibility or liability for whether the operation and/or its authorized contact carry out the recommendations contained in the audit, which in addition may or may not lead to any type of recognition and/or certification.
		3. The operation and its authorized contact shall indemnify and hold the CanadaGAP Program and CanAgPlus harmless from and against any and all claims, demands, liabilities, obligations and legal fees or costs brought by any third parties, arising out of or related to participation in the CanadaGAP Program or by failure of the operation and/or its authorized contact to act in accordance with any of the legal requirements mentioned herein.
10. The operation and its authorized contact are hereby informed that the CanadaGAP Program requires the assigned auditor to declare to the Certification Body any potential conflict of interest and/or threat to impartiality related to assigned audits, including cases where the auditor is involved with production and/or handling of the same horticultural crops as those included in the scope of the assigned audit. The authorized contact has the right to refuse the assigned auditor, with reason. In the event that the assigned auditor is refused, the operation and its authorized contact are hereby advised that the next closest available auditor will be assigned to perform the audit, and that any extra associated auditor travel costs will apply. The authorized contact also acknowledges that refusal of an assigned auditor is subject to all applicable clauses of the operation’s auditing agreement with the Certification Body, including but not limited to the terms and conditions related to cancellations, service requests and auditor travel costs.
11. The CHC Charge of $50 collected annually by CanadaGAP for the Canadian Horticultural Council cannot be refunded or applied as a credit under any circumstances. It is due annually for the duration of operation’s enrolment in CanadaGAP, regardless of certification status.
12. The authorized contact agrees that the operation will abide by the clauses above for the duration of its enrolment in the CanadaGAP Program.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

(Person Responsible for the Operation)

*Application for Membership in CanAgPlus*

 **Please note**:

 **When you enroll for CanadaGAP certification, you must also apply for membership in CanAgPlus by completing and signing this form*.***

* CanAgPlus, the corporation that operates the CanadaGAP Program, has structured its membership such that organizations enrolling for CanadaGAP certification will be members.
* There is no additional membership fee for CanAgPlus,provided you have paid your annual program fee for participation in CanadaGAP.

* All CanadaGAP Program participants in good standing (i.e., with annual program fees paid
for the current year and not in arrears) are members of CanAgPlus **whether certified or not**.
1. By enrolling in CanadaGAP1 and applying to become a member of CanAgPlus, the applicant hereby:

(a) agrees to further the purposes of CanAgPlus;

(b) agrees with the provisions in the articles, by-laws and policies of CanAgPlus; and

(c) agrees to be enrolled in at least one Class I program offered by CanAgPlus.

1. The applicant acknowledges that failure to meet all of the following will result in its membership status not being in good standing and thereby will lose all membership rights as provided in the by-laws of CanAgPlus*:*

(a) furthers the purposes of CanAgPlus;

(b) respects and submits to the procedures of CanAgPlus;

(c) continues to meet all of the above qualification requirements;

(d) pays in full and not be in arrears of program fees and other assessments determined by the Board of Directors of CanAgPlus from time to time; and

(e) meets such additional requirements as set out in CanAgPluspolicies from time to time.

1. The applicant acknowledges that he/she/it has been advised that a copy of the articles and by-laws of CanAgPlus are available on request.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

*Contact 613-829-4711 if you have questions. Thank you for your enrolment; once it is processed by CanadaGAP, you will be contacted directly by your selected certification body.*

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| --- |
| Preferred Method of Correspondence: ❒ Email ❒ Fax ❒ Mail  |

**Contact Information** (ONLY if different from the Person Responsible for the Operation):

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| City/Town/Municipality: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State: |  |  | Zip Code: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cell: | ( |  | ) |  | - |  |  | Email: |  |

*1*  *CanadaGAP®  is an operating name of CanAgPlus, a Canadian not-for-profit (Corporation Number 822397-1)*