

BLOCK CAPITALS ONLY PLEASE

Company Name <small>To appear on certificate if applicable</small>	Reference: <small>For office use only</small>
Contact	Grower / Pre-packer <small>Please delete as appropriate</small>
Position	Dept. Reg No.

Address/es: List all site addresses – indicate if these are separate operations – Use reverse of sheet if necessary

Site 1			
Postal			
Tel			
Fax			
Mobile			
Email			
Marketing Group			
I/We agree to allow Bord Bia to release details of my approval status to our marketing group. Please tick yes or no	Yes	No	

5 MAIN CROPS:

	CROP/s	Acres Planted	Number of crops per year	Acres to be audited
1				
2				
3				
4				
5				

Directions from Nearest Town			
I/We agree to allow right of access for the inspector to carry out inspections	Yes	No	
I/We agree to allow my company name to be included in Bord Bia public website and relevant publications	Yes	No	
If you are a new applicant please tick.	Yes	No	
I understand the requirements of the scheme and believe that the operation can achieve the standard required.	Yes	No	
I have received a copy of the standard.	Yes	No	

Please tick appropriately ✓

SIGNATURE: _____ DATE: _____

Application Fee Enclosed Yes/No (Delete as appropriate) Grower €425.25 (€350 + VAT) & Pre-packer €850.50 (700+ VAT)



Irish Food Board

Note:

1. All details furnished are confidential to Bord Bia and the Auditing Body Management Systems Certification.
2. Applications should be accompanied with a cheque for the appropriate application fee, made payable to "**Bord Bia**".
3. Return application forms plus application fee to this address: **AgriData, Cluen, Bansha, Co Tipperary.**

Additional Sites:

Site 2	
Postal	
Postal	
Postal	
Directions	

Site 3	
Postal	
Postal	
Postal	
Directions	

Additional Documentation:

Please tick appropriately ✓

<input type="checkbox"/>	Specification Document	
<input type="checkbox"/>	Record Sheets	
<input type="checkbox"/>	Guideline Documents	
<input type="checkbox"/>	Quality Manual	
<input type="checkbox"/>	Integrated Crop Management Documents	
<input type="checkbox"/>	Health & Safety Documents	
<input type="checkbox"/>	Other Information	

Are you apart of any other Quality Assurance Programme? Please state which one/s (optional)	

