

Bord Bia Meat Processor Quality Assurance Scheme Application Form

Processor Company Name:

Address:

Phone Number:

Email:
No. of Employees:
General Manager:

Management Representative:
(Bord Bia will normally contact this person re Schemes)

Regulatory App Number:

Scope: (Tick all appropriate)

Species	Slaughtering	Cutting	Further Processing	Sausages	Burgers	Retail Packing
Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration:

- We have received or have access to the most recent version of the Meat Processor Quality Assurance Scheme and believe that we can meet the requirements
- Please note new applicants must be able to demonstrate their intention to purchase and produce Bord Bia quality assured product.

Signed: _____

Position: _____

Date: _____