

CONFORMITY ASSESSMENT BODY APPLICATION FORM: FSSC DEVELOPMENT PROGRAM

Thank you for your interest in applying for a Conformity Assessment Body (CAB) license with the Foundation FSSC.

In order to process your application, we kindly request that you complete all the applicable sections of this Application Form as accurately as possible and submit the required documentation. It is a prerequisite for the Development Program to have a full license for FSSC 22000.

For further information related to the licensing requirements, please refer to Part 4, section 2.1 of the FSSC Development Program, current valid version.

Date of Application	
Application filled out by:	
Application Person (Function/ Job role)	

SECTION A: CONTACT DETAILS AND RESOURCES	
CERTIFICATION BODY GENERAL	
CB full name (As per Legal entity)	
CB short name (if applicable)	
Site address (Street, post code, city, province, country)	
Postal address (PO Box, post code, city, province, country)	
General phone number (Office) (incl. country code)	
General email address	
Website	
MAIN CONTACT	
ROLE: Primary contact person for the Development Program	
Title (Mr./Ms./Mrs.)	
Full Name	
Job title/job function	
Email address	
Direct phone number (incl. country code)	
Direct cell phone number	
PRIMARY CONTACT FOR FSSC 22000 (FSSC 22000 SCHEME PART 4.2.2.1)	
ROLE: Second contact person for the Development Program	

Title (Mr./Ms./Mrs.)	
Full Name	
Job title/role	
Email address	
Direct phone number	
Direct cell phone number	

SECTION B: CB FINANCIAL CONTACT & DETAILS

CERTIFICATION BODY

CB name on invoice	
Postal address for FSSC 22000 invoices	
E-mail address for sending invoices	
Registered Business Number (e.g., Chamber of Commerce)	
VAT number (or sales tax equivalent)	
Certificate of Residence	Is a Certificate of Residence required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Purchase Order (PO) Number	Does your CB provide a PO number for invoices? YES <input type="checkbox"/> NO <input type="checkbox"/>
Financial contact person	Title (Mr./Ms./ Mrs.)
	Name & Surname
	Email
	Tel Number (Incl. country code)

SECTION C: CAB OPERATION

FSSC 22000 FULL LICENSE INFORMATION

Select the categories you are currently approved for FSSC 22000 (Full License categories)

BIII	CO	CI	CII	CIII	CIV	D	E	FI	G	I	K
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: APPLICATION		
SCOPES APPLIED FOR		DESCRIPTION
<input type="checkbox"/>	BIII	Pre-process handling of plant products
<input type="checkbox"/>	C0	Animal – Primary conversion
<input type="checkbox"/>	CI	Processing of perishable animal products
<input type="checkbox"/>	CII	Processing of perishable plant products
<input type="checkbox"/>	CIII	Processing of perishable animal and plant products (mixed products)
<input type="checkbox"/>	CIV	Processing of ambient stable products
<input type="checkbox"/>	D	Processing of feed and animal food
<input type="checkbox"/>	E	Catering/Food service
<input type="checkbox"/>	FI	Retail /Wholesale /E-commerce
<input type="checkbox"/>	G	Transport and storage services
<input type="checkbox"/>	I	Production of packaging material
<input type="checkbox"/>	K	Production of Bio/chemicals

SECTION E: APPROVAL REVIEW AND CONSLUSION (Completed by FSSC)	
MONITORING INFORMATION SUPPLIED	
Check in AP: Existing full license for FSSC 22000 in the categories applied for.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctly completed Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctly completed License Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
License Agreement Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No. Supply Reason:
Date approved:	
Name of reviewer:	