



中国检验认证集团北美有限公司
CCIC NORTH AMERICA INC.

NASC REF. NO.

APPLICATION FOR SERVICE

<p>In order to enhance inspection, quarantine and supervision of imported and exported food, food additive and feed, feed additive products, this Measure is formulated in accordance with the Law on Food Safety of the People's Republic of China (hereinafter referred to as Food Safety Law) and its implementation regulations, the Regulation on Supervision and Management of Food, Food additive and Feed, Feed Additive Quality and Safety, Law on Inspection of Imported and Exported Commodities of the People's Republic of China and its implementation regulations, the Law on Quarantine of Imported and Exported Animals and Plants of the People's Republic of China and its implementation regulations, and the State Council's Special Rule on Enhancement of Safety Supervision and Management of Food , Food Additive and Feed, Feed Additive and Other Products.</p>			
Name of Applicant:		Tax ID Number (Required by IRS). Corporate Tax ID number unless Applicant is an Individual, then Social Security Number.	
AQSIQ (OR FGIS/APHIS) REGISTRATION NUMBER		ADDRESS	
CONTACT PERSON NAME			
CONTACT PHONE/FAX		CITY	STATE OR PROVINCE
			ZIP/POSTAL CODE
CONTACT EMAIL		COUNTRY	

<input type="checkbox"/> Grading Service Type of Service Required(Check all that apply)	
<input type="checkbox"/>	1 Carcass Grading (Check applicable species)
<input type="checkbox"/>	Beef
<input type="checkbox"/>	Pork
<input type="checkbox"/>	Veal/Calf
<input type="checkbox"/>	Lamp
<input type="checkbox"/>	Meat Born Meal (MBM)
<input type="checkbox"/>	DDGs
<input type="checkbox"/>	2 Product Certification

<input type="checkbox"/> Verification Services Type of Service Required(Check all that apply)	
<input type="checkbox"/>	Process Verified
<input type="checkbox"/>	Quality System Assessment
<input type="checkbox"/>	GMP Assessment
<input type="checkbox"/>	HACCP Assessment
<input type="checkbox"/> INSPECTION FOR Type of Service Required(Check all that apply)	
<input type="checkbox"/>	QUALITY & CONDITION
<input type="checkbox"/>	NET WIEGHT

<input type="checkbox"/>	3	Carcass Grade factor further	<input type="checkbox"/>	SIZE OR COUNT
<input type="checkbox"/>	4	Processing	<input type="checkbox"/>	Samples Testing In Laboratory Type of Service Required(Check all that apply)
<input type="checkbox"/>	5	Meat Judging Contest	<input type="checkbox"/>	
<input type="checkbox"/>	6	Product Examination Service	<input type="checkbox"/>	Chemistry Test Report
<input type="checkbox"/>	7	Other (Specify):	<input type="checkbox"/>	Phyotosanitary Report

Inspection Information

Operations Conducted:		
<input type="checkbox"/> Slaughter (Identify Species) <input type="checkbox"/> Cattle <input type="checkbox"/> Veal <input type="checkbox"/> Calves <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Bison <input type="checkbox"/> Goats <input type="checkbox"/> MBM <input type="checkbox"/> DDGs <input type="checkbox"/> Other		
<input type="checkbox"/> Processing <input type="checkbox"/> Fabrication <input type="checkbox"/> Distribution <input type="checkbox"/> Breeding <input type="checkbox"/> Support Service <input type="checkbox"/> Marketing <input type="checkbox"/> Feeding <input type="checkbox"/> Other		
Legal Status (Check One) <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify)		Financial Interest in Product: <input type="checkbox"/> Owner/ Part Owner <input type="checkbox"/> Other <input type="checkbox"/> Contractor
HAVE YOU BEEN GIVEN A QUOTE? <input type="checkbox"/> YES <input type="checkbox"/> NO		QUOTE NUMBER: _____ USD\$ _____
PAYMENT BY: <input type="checkbox"/> CHEQUE (MAKE PAYABLE TO CCIC NORTH AMERICA INC. MARKED NOT NEGOTIABLE) <input type="checkbox"/> INVOICE		
SEND ACCOUNT TO: (IF NOT THE SAME AS ABOVE ADDRESS)		
<input type="checkbox"/> I (We) agree to: <ol style="list-style-type: none"> 1. To comply with all applicable provision of the terms and conditions of grading and inspection Service by CCIC North America Inc. copy of which I (we) have received and read; 2. To notify the Customer Service Director, in writing and in advance of my (our)cancellation of this application; 3. To notify the Customer Service Director immediately when a change occurs in my (our) legal status/Applicant Representative, and 4. That the CCIC North America Inc. Certification service for which application is hereby made may be denied or withdrawn at any time as provided in the AQSIIQ regulations. 		<input type="checkbox"/> I (We) agree to: <ol style="list-style-type: none"> 5. To comply with all applicable provision of the terms and conditions of Verification Service by CCIC North America Inc. copy of which I (we) have received and read; 6. To notify the Audit, Review, and Compliance Branch in writing and in advance of my (our)cancellation of this application; 7. To notify the Audit, Review, and Compliance Branch immediately when a change occurs in my (our) legal status/Applicant Representative, and 8. That the CCIC North America Inc. Verification service for which application is hereby made may be denied or withdrawn at any time as provided in the AQSIIQ regulations.
Signature of Applicant or Representative		
		Date:
Print or Type Name of Signee		
Title of Signee		
Information provided in this application is needed to authorize CCIC North America Inc. employee(s) to perform the required service. You may by law, be fined up to10,000, imprisoned up to 5 years,or both for knowingly or willfully making false statements within this document (18 U.S.C. Section 1001). For CCIC North America Inc. Authorizer Use		
Date of Approval	Title of Approving Supervisor	Signature of Approving Supervisor