

# CERTIFICATION EXTENSION APPLICATION

**An application for extension must be received and approved by APIQ Management (APIQM) one month prior to your APIQ<sup>®</sup> Certification expiry date.**

Producer Name: .....

Business/Enterprise Name: .....

PigPass/APIQ<sup>®</sup> Registration No: ..... Expiry Date as on APIQ<sup>®</sup> Certificate: .....

Address: .....

Town: ..... State: ..... Postcode: .....

Phone: ..... Fax: .....

Email: .....

Name of Your Last Auditor: .....

Reason for Extension: .....

I have completed an Internal Audit.

Length of Extension Required (*Maximum of 3 months from expiry date*):  1 month  2 months  3 months

I will continue to maintain APIQ<sup>®</sup> Standards and Records at all times.

I have a scheduled Compliance Audit with ..... on .....  
(Auditor's Name)

Producer's Signature: ..... Date: .....

## FOR OFFICE USE ONLY

Extension Approved:  Yes  No

If Yes, extension approved until: .....

If No, reason why extension has not been approved: .....

APIQM: ..... Date: .....

Reply returned to producer – By Whom: ..... Date: .....

Entered onto PigPass database – By Whom: ..... Date: .....