

Application for Joint Certification

Person completing this application		
First name:	Last name:	
Business/Organisation:		
Address:		
State:	Postcode:	E-mail:
Phone:	Mobile:	
Fax:	Total Nbr of sows:	Growers:
<p>Note: Information provided in this form will be incorporated into the Australian Pork Limited (APL) database and may be made available to restricted stakeholders. You <i>must</i> advise APL in writing if you require this information to be withheld.</p>		

Please provide the following information for each additional site that you wish to be included in this Joint Certification (insert more rows if necessary)						
Site Name	Breeder /Grower	PigPass Rego Nbr	PIC Nbr	Tattoo Nbr	Primary Contact Name	Primary Contact Ph

Declaration by applicant

I _____

Declare that the sites listed in this application will collectively and individually strive to maintain the Standards of the Australian Pork industry Quality Assurance Program (APIQ[✓]®) at all times. That annual audit requirement as directed by APIQ Management (APIQM) will be met and that all sites included in this certification will be subject to and abide by APIQ[✓]® Certification policy regarding certification and recertification.

Signature: _____ Date: _____

APIQ Enquiries and APIQ Management Contact details

Mailing address:

APIQM
PO Box 4746
Kingston
ACT 2600

Enquiries:

Free call 1800 789 099
Phone 02 6285 2200
Fax 02 6285 2288
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