



MINISTRY OF AGRICULTURE AND FISHERIES

Application for Assistance under the Food Safety Modernization Act Project

- 1. Name of Export Facility/Exporter.....
- 2. Address: Email:
- 3. Telephone No.: (1) (2) TRN
- 4. Location of Facility:
- 5. Tenure: (a) owned [] (b) leased [] (c) family [] (d) other []
- 6. G.I.S. Coordinates: N W Elevation (m)
- 7. Type of fresh produce exported and quantities annually:

Commodity	Quantities (t) or (US\$)	USA	Canada	UK	Other
.....
.....
.....

- 8. (a) Do you currently keep records? Yes [] No []
- (b) if no, are you willing to establish and maintain a record keeping system:

9. Do you have an on-farm/facility food safety plan: Yes [] No []

10. For FDA compliance/readiness, what is/are the facilities' infrastructure requirements?

Activities	Cost (\$)
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- 11. Are you willing to attend training and allow visits by government officials?
Yes [] No []

Conditions:

Supporting documents must be submitted for

1. Dealer and travellers' licenses (as under the Agricultural Produce Act, 1926)
2. Valid proof of tenure of property
3. Proof of export

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE, AS INACCURATE OR MISLEADING INFORMATION WILL CAUSE REVOCATION AND/OR REPAYMENT OF ANY BENEFIT I MAY RECEIVE.

SIGNATURE:

DATE:

12: Recommendations by Plant Quarantine/Produce Inspection Division

SIGNATURE:

DATE:

13: Committee Approval/Stamp

SIGNATURE:

DATE: