## Application Form for SPRING Certification

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| **How to fill in the form:** |
| *If you see a grey field after the title or text, such as this one*       ***,*** *please click with the mouse on this grey field and write your text there- it will be written in the right font*. *In tables please use simply the empty lines and add additional table lines if necessary (table/add/lines). In the selection-boxes, simply click or on your selection and an “X” will appear.**Complete this form in print, typed or any other electronic format and send it to* *applications@africertlimited.co.ke* *and* *info@africertlimited.co.ke* |

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| **1** | **Name of the operator / Farmer group / company applying for certification****:** |       |
| **2** | **Address:** |
| Farm Location:       | P.O. Box:       |
| GPS Reading | Longitude:deg       min      sec     Direction      | Latitude: deg      min       sec     Direction       |
| Postal Code:       | City:       |
| Email:       | Country:       |
| Phone:       | Fax:       | Mobile:       |
| KRA PIN No :      ***Mandatory for Kenyan companies*** |
| **3** | Legal status (Ownership of farm)       | Registration number of company:       |
| Name and address of Holding company\*:      \* If the applying company is a part of a holding company |
| Countries where the products are intended to be traded:       |
| **4** | **Certification Contact Person Name:** |       |
| Title:  |       |
| Phone :  |       |
| Email Address:  |       |
| **Financial Contact Person Name:** |       |
| Title:  |       |
| Phone :  |       |
| Email Address:  |       |
| **5** | **Scope applied for**:(Tick the standard) | ☐ SPRING option I Version 1.1-1 May 2020 ☐ SPRING option II Version 1.1-1 May 2020 (QMS) and Version 1.1-1 May 2020       |
| **6.** | Type of Service: Pre-inspection ☐ Certification Audit ☐ |
| **7.** | Has a self-assessment for option I or internal inspections for all producers under option II been done?Yes ☐ No ☐***Please note that in case the self-assessment or internal inspection is not completed, the audit will be called off until these are done.*** |
|  | Were critical non-conformities identified during internal inspection |
| **8** | Previous registration with another certification body for GLOBALG.A.P.? No: ☐Yes: ☐ (Provide previous **GGN**)       (Provide previous Certificate no.)       (Name of Certification Body)       Previous registration with Africert Limited? No: ☐Yes: ☐ (Provide previous **GGN**)       (Provide previous Certificate no.)        |
| **9** | **Crops To Be Certified And Field/Plot Size And Location** (for farmer group skip No. 9 go to 10) |
| Crop(common & scientific name) | Non-covered crops first harvest Plot/Field size (ha) | Non-covered crops further harvest Plot/Field size (ha) | Covered cropsfirst harvest Plot/Field size (ha) | Covered cropsfurther harvest Plot/Field size (ha) | Harvest exclusion(refer to 9 below) |
|       |       |        |       |       | **☐** |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
|       |       |       |       |       | ☐ |
| **10** | **For crops listed above or in the farmer register, indicate dates when harvest started, whether harvest is ongoing and when harvest will end for all certification options.** |
|  | ***Crop*** | ***Date when harvest started******dd-mm-yyyy*** | ***Is harvest on-going? (yes/no)*** | ***When is harvest likely to end? (indicate date)******dd-mm-yyyy*** |
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| **11** | **Harvest Exclusion** |
| **NB. Harvest exclusion is subject to conditions set by GLOBALG.A.P. Crop rules version 5.2 part 2.3.** The producer must apply for exclusion per product with detailed justification. The CB will give an approval of exclusion on case-by-case basis **before** the registration is approved**.****Check the boxes in the table above (section 8) for any product requiring harvest exclusion.** |
| **12** | **Produce Handling Sites** |
| **N.B.** produce handling is a mandatory part of the inspection where the following post harvest activities are carried out: **“sorting, packing, storage and transport ex farm, chemical treatments, trimming, washing or any other handling where the product may have physical contact with other materials or substances”.** A temporarily or permanent collection/dispatch station and the ex-farm transport from farm/field to these units should be considered as produce handling***List the produce handling onsite(s)*** |
| Site ☐ Infield ☐ Facility | Location |
|       |       |
|       |       |
|       |       |
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|  | Do you purchase products for NON GLOBALG.A.P certified producers **(Parallel ownership)** No: ☐Yes: ☐ If yes you will be registered and audited against the applicable control points AF 13. (Traceability & Segregation). |
| **13** | **For a farmer group Please fill in the attached SPRING option 2 producer registration form.** **Sub-contracted Activities** List all companies or persons that you have sub-contracted activities covered by the GLOBALG.A.P. General Regulations (GLOBALG.A.P. Option 2 QMS or any Technical responsibilities e.g. Crop protection product application).

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| **Company/person name** | **Contact details** | **Activity** |
|       |       |       |
|       |       |       |
|       |       |       |

**For Leased production sites (or other) activity (or attach register)**

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| Name of farmer | **Location**  | **Size** | **Crop** |
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**Maximum Residue Levels (MRL) Sampling & Analysis done by:**Self : ☐ Second Party: ☐ Third Party: ☐. |
| **14** | All water sources and infrastructure included in the scope

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| Water source/infrastructure | **GPS Location**  |
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|  | All water uses in the farm |
|  | Volume of water used per hectare per year |
|  | Documents to be availed before audit for desk review

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| --- | --- |
| Documents |  |
| Register of the producer (or producer-group in case of producer-groups) |  |
| Impact Risk Assessment updated and approved by the management |  |
| List of objectives and procedures to mitigate risks, updated and approved by the management |  |
| Spring training records for SPRING |  |

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| **15** | **Disclosure of information:**For information on disclosure, please refer to the Sublicense & Certification Agreement (V4.0) part 8 attached and GR IFA GR I Version: V5.2\_February 2019, Part 4.2.1**Please Choose the different data release levels below:**By ticking the levels below and by signing this document I agree that *AfriCert* will treat information as described below.☐ **Level 1** (Minimum and obligatory level for all sub-scopes)a. The Company name, Current GGN and GLN (if available),Sub GLN’s (if available), Previous GGN, registration no., scheme, version, option, CB, products and status, produce handling/processing declaration, number of producers (in Option 2), city, country of production and destination are available **to the public**. The Company address is Optional.b. GLOBALG.A.P., the certification body and trustee, which the producer or producer group is working with, can use all data in the GLOBALG.A.P. database for internal processes and sanctioning procedures.☐ **Level 2** In addition to Level 1, the producer or producer group‘s organization name, city and postal code are available to the public.☐ **Level 3** - Publication of all data (e.g. contact details, quantities, completed checklists) to public.NB: The client shall accept the basic level release at level 1 |
| **16** | **Note:** Operators applying for certification must have access to the applicable standards (this can be downloaded free of charge from [www.globalgap.org](http://www.globalgap.org)Or obtained from the information pack from AfriCert Ltd (delivery and printing cost charged to the client). |

Date:

Name (Authorised Signatory):       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company stamp:

**FOR AFRICERT’S USE ONLY:**

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| Application reviewed and approved by: |       |
| Date of final review and approval: |       |