



APPLICATION FOR CERTIFICATION

RENEWAL: PRODUCERS

TO BE COMPLETED IN FULL

GENERAL INFORMATION		
PRODUCER NAME		
FARM NAME		
ADDRESS (physical and mailing)		
ORGANIZATIONAL STRUCTURE (ISO §8.2.2.)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (please specify) _____	
ON FARM CONTACT		
TELEPHONE NO:	FAX NO:	MOBILE NO: EMAIL:
MEMBER OF PRODUCER GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF PRODUCER GROUP:	
TOTAL GRAZING AREA (ACRES)		
OTHER LOCATIONS USED (or separate postal address)	1 GRAZING (ACRES)	2 GRAZING (ACRES)
MILES FROM MAIN UNIT		
MANAGED AS MAIN UNIT	YES / NO	YES / NO

For more locations, provide the same details as above for other sites on a separate attached piece of paper.

ANNUAL UPDATE

COMPLETE ALL BOXES IN THE APPLICABLE CHART(S) IN THIS SECTION

BEEF PRODUCTION OPERATIONS						
TYPE OF UNIT <i>Circle applicable items</i>		Cow-calf	Stocker	Finisher	Reared calves sold	
		Stocker cattle sold			Finished cattle sold	
Total # of:	Cows:	Calves Sold:	Stocker Sold:	Calves Bought:	Stocker Bought:	Finished Stock:
Name and Address of Supplier if Purchasing Cattle for Fattening						
Destination of Cattle Sold for Finishing (Customer)						
Name and address of Haulier						
Name of Abattoir <i>Complete processor information form</i>						
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name Of Quality Assurance Program(s):			
List brand name(s) product is sold under						

BROILER PRODUCTION OPERATIONS			
HOUSING TYPE (describe)	BARN / FREE-RANGE / BOTH (circle one)		
Total bird no.		Birds sold per year	
Name and address of Processor <i>Complete processor information form</i>			Miles from farm
Name and address of hatchery/pullet supplier			
Member of other quality assurance program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Quality Assurance Program(s):		
List brand name(s) product is sold under			

DAIRY PRODUCTION OPERATIONS					
HOUSING TYPE: (describe)	Calves	Heifers	Dry Cows	Milking Cows	
Total cow no.		Milking cow no.		Average lbs. milk/year	
Customer (Milk processor/ purchaser) <i>Complete processor information form</i>	Name: Registration Number:				
Beef production from dairy herd? – YES / NO (Circle one)	HFAC Beef? YES / NO (Circle one)	Heifer calves sold per year	Bull calves sold per year	Heifers sold per year	
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):				
List brand name(s) product is sold under					

GOAT PRODUCTION OPERATIONS									
TYPE OF UNIT		Meat Goats / Dairy Goats / Fiber Production <i>Circle as appropriate</i>							
Total # of	Does		Milk (lbs)		Fiber (lbs)		Does Bought		Kids Sold
Name and address of Supplier if Purchasing goats for Grow/Fattening									
Destination of Goats Sold for Finishing (Customer)									
Name and address of Milk processor <i>Complete processor information form</i>									
Name and address of Abattoir <i>Complete processor information form</i>									
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name Of Quality Assurance Program(s):						
List brand name(s) product is sold under									

LAYER PRODUCTION OPERATIONS	
HOUSING TYPE (Describe)	FIXED HOUSING MOBILE UNIT FREE-RANGE PASTURE (check all that apply)
Total bird number	Eggs sold per year
Name and address of egg processor: <i>Complete processor information form</i>	Miles from farm:
Name, phone number, and address of hatchery:	
Name, phone number, and address of pullet supplier:	
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):
List brand name(s) product is sold under	

SHEEP PRODUCTION OPERATIONS										
TYPE OF UNIT		Market Lambs / Grass or Feeder Lambs / Wool Production / Milk <i>Circle as appropriate</i>								
Total # of	Ewes		Lambs Sold		Feeders Sold		Ewes Bought		Feeders Bought	
Name and address of Supplier if Purchasing Sheep for Grow/Fattening										
Destination of Sheep Sold for Finishing (Customer)										
Name and address of Haulier										
Name and address of Abattoir <i>Complete processor information form</i>										
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name Of Quality Assurance Program(s):							
List brand name(s) product is sold under										

SWINE PRODUCTION OPERATIONS					
TYPE OF UNIT <i>Circle as appropriate</i>	Unweaned Gilts	Weaned Boars	Nursery Dry Sows	Growing Lactating Sows	Finishing
Total No of Pigs:	Weaned: Sows sold:	Growers sold: Boars sold:	Finished sold:	Gilts sold:	
Name and Address of supplier if purchasing piglets from outside source					
Name and Address of processor <i>Complete processor information form</i>					
Name of Haulier					
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):				
List brand name(s) product is sold under					

TURKEY PRODUCTION OPERATIONS		
HOUSING TYPE (<i>describe</i>)	BARN / FREE-RANGE / BOTH (circle one)	
Total bird number		Birds sold per year:
Name and address of processor <i>Complete processor information form</i>		Miles from farm:
Name and address of hatchery		
Name and address of pullet supplier		
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):	
List brand name(s) product is sold under		

YOUNG DAIRY BEEF PRODUCTION OPERATIONS					
TYPE OF UNIT <i>Circle applicable items</i>	Indoor / Outdoor				
Total # of:	Calves Sold:		Calves Bought:		
Name and Address of Farms if Purchasing Calves					
Name and address of Haulier					
Name of Abattoir <i>Complete processor information form</i>					
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name Of Quality Assurance Program(s):			
List brand name(s) product is sold under					

MINOR NONCOMPLIANCES

Did you have any minor noncompliances from last year's certification? Y N

If yes, please complete the following table:

DESCRIBE THE NONCOMPLIANCE	DESCRIBE HOW YOU ADDRESSED THE NONCOMPLIANCE	HAVE YOU RECEIVES A NOTICE OF RESOLUTION FROM HFAC?

FARM QUESTIONNAIRE UPDATE

1) BIOSECURITY

Describe changes to your procedures for biosecurity such as quarantine, restricting access to animals, protective gear used and employee training.

2) FEED AND WATER

Describe changes to Feed Suppliers:

Names of suppliers no longer used:

New suppliers:

Name:

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

Name:

Address:

Telephone No.:

Mills Used:

Major source/minor source (circle one)

Describe changes to the types of feed used:

Describe changes in feeding systems:

Describe changes in feed storage areas:

Describe changes in systems for providing water to animals:

Describe changes in systems for feeding young animals:

3) Body Condition Scoring

Describe changes to system for body condition scoring:

4) FACILITIES

Describe changes to your facilities:

Describe changes to your stocking rate:

Describe changes to your methods for cleaning and disinfecting facilities:

5) WASTE MANAGEMENT POLICY

Describe changes to your methods of cleaning waste from facilities:

Describe changes to your methods of disposing of waste:

6) PEST CONTROL POLICY

Describe changes to your pest control methods:

7) ANIMAL HEALTH PROCEDURES

Describe changes to your vaccination program (use chart below to summarize information):

TYPE OF ANIMAL	AGE	REASON FOR VACCINATION	PRODUCT USED

Describe changes to other management practices for maintaining animal health (e.g. foot care, castration, beak trimming, disbudding, animal identification):

8) CASUALTY STOCK POLICY

Describe changes to your plan for emergency euthanasia of animals:

Describe changes to your methods for carcass disposal

9) ANIMAL RELATED EMERGENCY ACTION PLAN

Describe changes to your Emergency Action Plan:

10) RECORDS

Describe changes to your record keeping systems:

Did you receive any complaints about your compliance with HFAC standards (ISO §15) since your previous inspection?

Y N

If yes, please provide a copy of your documentation of the complaint including the actions you took to resolve it. Summarize the complaint(s) in the following table:

DESCRIBE THE COMPLAINT	DESCRIBE HOW YOU ADDRESSED THE COMPLAINT	HAS THE SITUATION BEEN FULLY RESOLVED?

11) STOCKPERSON COMPETENCY TRAINING

Attach records of employee training.

Describe changes to your training program:

PRODUCER AGREEMENTS

I/we _____, the duly authorized representative(s) of the operation described in this application, hereby affirm that all information supplied in this document and any attachments is true and accurate.

I affirm that I have read and understood the Humane Farm Animal Care (HFAC) standards applicable to my operation. I affirm my commitment to abide the HFAC certification polices, procedures and standards (§8.2.1.b.). No prohibited products or practices have been used, applied, or otherwise allowed to compromise the integrity of the products sold by me. I understand that failure to comply with the standards or giving false information may result in revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection and/or sampling for residues at any time. If the operation is a member of a Producer Group, I understand that the Internal Control System of the Producer Group will inspect the operation at least annually and that Humane Farm Animal Care may also conduct inspections of the operation. I agree to report any significant changes to the Farm Questionnaire to HFAC and to supply any information needed for evaluation of products to be certified (§8.2.1.b.).

I understand that submission of this application does not guarantee or imply certification. I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records, including but not limited to financial data and tax returns. I understand and agree that no HFAC staff member, board member, committee member, inspector, consultant, subcontractor, or volunteer shall be held liable or responsible for any amount in excess of the certification fees paid. I give my permission for HFAC to use subcontractors to perform tasks released to the process of certification (ISO §4.4.c.).

I give permission for HFAC to release information from my file to other recognized certification organizations for purposes of document review. I understand that HFAC will obtain confidentiality statement from the requesting certifier before releasing any information.

All information provided in this application will be held in strict confidence and will be used by the inspector, office staff and certification committee members for certification purposed only. The above individuals have disclosed potential conflicts of interest and are bound by confidentiality agreements. HFAC has my permission to obtain information, documents, or materials related to certification, suspension of certification, or revocation of certification from other certifiers.

Signature Authorized Representative of the Producer (ISO §8.2.1)

Date

PLEASE ENSURE THAT A SIGNED PROCESSOR INFORMATION FORM IS COMPLETED, SIGNED AND SUBMITTED WITH THIS RENEWAL APPLICATION. FAILURE TO SUBMIT THIS INFORMATION MAY CAUSE A DELAY IN SCHEDULING YOUR REINSPECTION.