

TODAY'S DATE:

Certificate EXPIRATION

DATE: _____

*It is your responsibility to submit app at least 120 days before certificate expires.



APPLICATION FOR CERTIFICATION

RENEWAL: PRODUCERS

GENERAL INFORMATION			
PRODUCER NAME			
FARM NAME			
PHYSICAL FARM ADDRESS:		MAILING ADDRESS (if different)	
COUNTY (for US producers):			
FARM'S LEGAL STATUS/ ORGANIZATIONAL STRUCTURE	<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:	WEB ADDRESS/WEBSITE:	MOBILE NO:	
FAX NO:		EMAIL:	
OTHER CONTACT NAME:			
TELEPHONE NO:	FAX NO:	MOBILE NO:	
		EMAIL:	
TOTAL INDOOR FLOOR SPACE AVAILABLE TO ANIMALS (SQUARE FEET)		TOTAL OUTDOOR SPACE AVAILABLE TO ANIMALS (SPECIFY WHETHER ACRES OR SQUARE FEET)	

****A barn diagram with space allowances (floor space, feeder/drinker space, etc.) must be submitted with this application.***

OTHER LOCATIONS USED (Physical Address)	1	2
MILES FROM MAIN UNIT		
MANAGED AS MAIN UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> 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
(If any of the below sections or any questions therein do not apply, please write "N/A")

BEEF PRODUCTION OPERATIONS					
TYPE OF OPERATION <input type="checkbox"/> Cow-calf <input type="checkbox"/> Stocker <input type="checkbox"/> Finisher <input type="checkbox"/> Reared calves sold <i>Check all that apply</i> <input type="checkbox"/> Stocker cattle sold <input type="checkbox"/> Finished cattle sold					
Total # of Cows	Calves Sold:	Stockers Sold:	Calves Bought:	Stockers Bought:	Finished Stock:
Name and Physical Address of Supplier if Purchasing Cattle for Fattening					
Destination of Cattle Sold for Finishing (Customer Name & Physical Address)					
Name and address of Hauler/Transporter					
Name of Abattoir (slaughter location/facility) <i>(Complete Universal Application 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 <input type="checkbox"/> FIXED HOUSING <input type="checkbox"/> MOBILE UNIT <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> PASTURE <i>Check all that apply</i> <i>(please refer to Meat Chicken Standards for definitions of free range & pasture)</i>		
Total current bird number (or number of birds expected in next flock):	Date flock was or will be populated:	Birds sold per year
Name and physical address of Processor <i>(Complete Universal Application form)</i>	Miles from farm	
Name and physical address of hatchery		
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 number of cows	Number of calves	Number of milking cows	Number of heifers	Number of dry cows	Average lbs. milk/year
Customer (Milk processor/purchaser) <i>(Complete Universal Application form)</i>	Name & Registration Number: Physical Address:				
Beef production from dairy herd? <input type="checkbox"/> YES <input type="checkbox"/> NO	HFAC Beef? <input type="checkbox"/> YES <input type="checkbox"/> NO	Heifer calves sold per year	Bull calves sold per year	Heifers sold per year	
If HFAC Beef, at what age are they slaughtered? <i>(Check all that apply)</i> <input type="checkbox"/> Calves <input type="checkbox"/> Adult Cows		Name and address of abattoir (slaughter facility/location) for HFAC Beef <i>(Must complete the Universal Application for ALL HFAC Beef)</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					

GOAT PRODUCTION OPERATIONS					
TYPE OF OPERATION <i>(Check all that apply)</i>		<input type="checkbox"/> Meat Goats		<input type="checkbox"/> Dairy Goats	
		<input type="checkbox"/> Fiber Production			
Total # of:	Does	Milk (lbs)	Fiber(lbs)	Does Bought	Kids Sold
Name and Address of Supplier if Purchasing goats for Growing/Fattening					
Destination of Goats Sold for Finishing (Customer Name & Address)					
Name and address of Milk processor <i>(Complete Universal Application form)</i>					
Name and address of Abattoir <i>(Complete Universal Application 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 <input type="checkbox"/> FIXED HOUSING <input type="checkbox"/> MOBILE UNIT <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> PASTURE			
<i>Check all that apply</i> <i>(please refer to Laying Hen Standards for HFAC's definitions of free range & pasture)</i>			
	House _____	House _____	House _____
Population Date for Current Flock			
Expected Depopulation Date for Current Flock			
Expected Re-population of House			
Bird Breed			
Bird Color <i>(two separate rows now)</i>			
Number of Birds at Depopulation of Previous Flock			
Initial Bird Number (if no birds yet, list number of birds to be housed)			
Production rate (dozens/week)			
Production rate (percentage)			
Name and physical address of egg processor (Complete Universal Application form):			Miles from farm:
Name, phone number, and physical address of hatchery:			
Name, phone number, and physical address of pullet supplier/location where pullets are raised:			
Member of other quality assurance or certification program(s)? (Check all that apply)			
<input type="checkbox"/> Organic <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____			
List brand name(s) product is sold under:			

SHEEP PRODUCTION OPERATIONS					
TYPE OF OPERATION <input type="checkbox"/> Market Lambs <input type="checkbox"/> Grass or Feeder Lambs <input type="checkbox"/> Wool Production <input type="checkbox"/> Milk					
<i>Check all that apply</i>					
Total # of:	Ewes	Lambs Sold	Feeders Sold	Ewes Bought	Feeders Bought
Name and Physical Address of Supplier if Purchasing Sheep for Grow/Fattening					
Destination of Sheep Sold for Finishing (Customer Name & Physical Address)					
Name and address of Hauler/Transporter					
Name and physical address of Abattoir (slaughter location/facility) <i>(Complete Universal Application form)</i>					

Member of other quality assurance or certification program(s)? (Check all that apply)

Organic Costco Other (please list): _____

List brand name(s) product is sold under

SWINE PRODUCTION OPERATIONS						
TYPE OF OPERATION <input type="checkbox"/> Unweaned <input type="checkbox"/> Weaned <input type="checkbox"/> Nursery <input type="checkbox"/> Growing <input type="checkbox"/> Finishing <i>(Check all that apply)</i> <input type="checkbox"/> Gilts <input type="checkbox"/> Boars <input type="checkbox"/> Dry Sows <input type="checkbox"/> Lactating Sows						
Total # of Pigs:	# Weaned:	# of Growers sold:	# Finished sold:	# Gilts sold:	# Sows sold:	# Boars sold:
Name and Physical Address of supplier if purchasing piglets from outside source						
Name and Physical Address of processor <i>(Complete Universal Application form)</i>						
Name of Hauler/Transporter						
Member of other quality assurance or certification program(s)? (Check all that apply) <input type="checkbox"/> Organic <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____						
List brand name(s) product is sold under						

TURKEY PRODUCTION OPERATIONS		
HOUSING TYPE <input type="checkbox"/> BARN <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> BOTH <i>(Check one)</i>		
Total current bird number (or number of birds expected in next flock):	Date flock was or will be populated:	Birds sold per year:
Name and physical address of processor <i>(Complete Universal Application form)</i>		Miles from farm:
Name and address of hatchery		
Name and physical address of pullet supplier/location where pullets are raised)		

Member of other quality assurance or certification program(s)? (Check all that apply)	
<input type="checkbox"/> Organic <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____	
List brand name(s) product is sold under	

YOUNG DAIRY BEEF PRODUCTION OPERATIONS		
TYPE OF UNIT Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> <i>(check all that apply)</i>		
Total number of calves in current herd:	Calves Sold:	Calves Bought:
Name and Physical Address of Farms if Purchasing Calves from outside source		
Name and address of Hauler/Transporter		
Name and Physical Address of Abattoir (slaughter location/facility) <i>(Complete Universal Application form)</i>		
Member of other quality assurance or certification program(s)? (Check all that apply)		
<input type="checkbox"/> Organic <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____		
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

*(All questions MUST be answered.
Please write "N/A" for any questions that do not apply to your operation and briefly explain why.
If, since your last application, there have been no changes to the part of your operation that is in question, please write "none" or "no changes".)*

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 (*check one*)

Name:

Address:

Telephone No.:

Mills Used:

Major source Minor source (*check 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

Have you molted in the last year? Y N

If Yes, submit the molt plan with this application that includes:

1. Molt diet ingredients
2. Nutrient % composition
3. Daily lighting schedule
4. Age of birds (in weeks)
5. Dates of implementation of the molt plan (from when to when?)

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

TYPE OF ANIMAL	AGE	REASON FOR VACCINATION	PRODUCT USED
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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 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 caretaker training (or training for family members if operation is family-owned and -operated).

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 by the HFAC certification policies, procedures and standards. 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. 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.

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.

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 of Authorized Representative of Producer

Date

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