

DATE:



SUPPLIER APPLICATION TO POOLED PRODUCT OPERATOR: _____ RENEWAL

TO BE COMPLETED IN FULL

| | | |
|--|---|--|
| SUPPLIER/FARM NAME: | | |
| ON-FARM CONTACT NAME | | |
| FARM ADDRESS | MAILING ADDRESS (if different) | |
| FARM'S LEGAL STATUS/ 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) _____ | |
| TELEPHONE NO: | FAX NO: | MOBILE NO: EMAIL: |
| ALTERNATE CONTACT NAME (If you do not have a phone number, fax number, or email address, please list another contact person here who can receive calls or emails for you.) | | |
| TELEPHONE NO: | FAX NO: | MOBILE NO: EMAIL: |
| SIZE OF OPERATION (e.g. number of barns, acres of grazing, etc.) | | |
| OTHER FARM LOCATIONS USED (Physical Address) | 1 | 2 |
| MILES FROM MAIN FARM LISTED ABOVE | | |
| MANAGED IN SAME WAY AS MAIN FARM LISTED ABOVE? | <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 & Physical Address of Supplier if Purchasing Cattle for Fattening | | | | | |
| Destination of Cattle Sold for Finishing (Customer Name & Physical Address) | | | | | |
| Name and address of Haulier/Transporter | | | | | |
| Name & Physical Address of Abattoir/Processor (PPO must file Universal Application with HFAC) | | | | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) | | | | | |
| <input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____ | | | | | |
| List brand name(s) product is sold under: | | | | | |

| BROILER PRODUCTION OPERATIONS | | | |
|--|--------------------------------------|----------------------------|---------------------|
| HOUSING TYPE (describe) <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: | Date of next depopulation: | Birds sold per year |
| Name and physical address of Processor (PPO must file Universal Application with HFAC) | | | |
| Name and physical address of hatchery | | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) | | | |
| <input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____ | | | |
| List brand name(s) product is sold under: | | | |

| DAIRY PRODUCTION OPERATIONS | | | | | |
|---|--------------------|---|------------------------------------|----------------------------------|--------------------------------------|
| HOUSING TYPE (describe) | | Calves: | | Heifers: | |
| | | Dry Cows: | | Milking Cows: | |
| Total # of cows | # of calves | # of milking cows | # of heifers | # of dry cows | Average lbs. of milk per year |
| Name, Registration, and Physical Address of Milk Processor/Purchaser <i>(PPO must file Universal Application with HFAC)</i> | | | | | |
| 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? (Check all that apply) <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 or certification program(s)? (Check all that apply) <input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____ | | | | | |
| 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 Goats | Does | Milk (lbs) | Fiber(lbs) | Does Bought | Kids Sold |
| Name & Physical Address of Supplier if Purchasing Goats for Growing/Fattening | | | | | |
| Destination of Goats Sold for Finishing (Customer Name & Physical Address) | | | | | |
| Name & Physical Address of Milk Processor (PPO must file Universal Application with HFAC) | | | | | |
| Name & Physical Address of Abattoir/Processor for Meat Goats (PPO must file Universal Application with HFAC) | | | | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) <input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Costco <input type="checkbox"/> Other (please list): _____ | | | | | |
| 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> | | | | |
| Total current bird number (or number of birds expected in next flock): | Date flock was or will be populated: | Expected date of next depopulation | Bird Breed & Egg Color: | Eggs sold per year (in dozens): |
| Name & Physical Address of Egg Processor (PPO must file Universal Application with HFAC) | | | | |
| Name & Physical Address of Hatchery | | | | |
| Name & Physical address of Pullet Supplier (or 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"/> UEP <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 Sheep: | Ewes | Lambs Sold | Feeders Sold | Ewes Bought | Feeders Bought |
| Name & Physical Address of Supplier if Purchasing Sheep for Grow/Fattening | | | | | |
| Destination of Sheep Sold for Finishing (Customer Name & Physical Address) | | | | | |
| Name and Address of Haulier/Transporter | | | | | |
| Name & Physical Address of Processor (PPO must file Universal Application with HFAC) | | | | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) <input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Costco <input type="checkbox"/> 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 & Physical Address of Abattoir/Processor (PPO must file Universal Application with HFAC) | | | | | | |
| Name & Address of Haulier/Transporter | | | | | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) | | | | | | |
| <input type="checkbox"/> Organic <input type="checkbox"/> UEP <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 & Physical Address of Processor (PPO must file Universal Application with HFAC) | | |
| Name & Physical Address of Hatchery | | |
| Name & Physical Address of Poult Supplier/Location where Poults are Raised) | | |
| Member of other quality assurance or certification program(s)? (Check all that apply) | | |
| <input type="checkbox"/> Organic <input type="checkbox"/> UEP <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 <i>(check all that apply)</i> | | |
| Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> | | |
| Total number of calves in current herd: | Calves Sold: | Calves Bought: |
| Name & Physical Address of Farm(s) if Purchasing Calves from Outside Source | | |
| Name & Address of Haulier/Transporter | | |
| Name & Physical Address of Abattoir/Processor <i>(PPO must file Universal Application with HFAC)</i> | | |
| Member of other quality assurance or certification program(s)? <i>(Check all that apply)</i> | | |
| <input type="checkbox"/> Organic <input type="checkbox"/> UEP <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

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

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 (§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. 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 of Authorized Representative of Producer (ISO §8.2.1)

Date

Please complete and return the following to Humane Farm Animal Care:

- 1. Application(s): E-mail to info@CertifiedHumane.org or mail to Humane Farm Animal Care at P.O. Box 82, Middleburg, VA 20118.**
- 2. The Application fee of \$75 should be mailed to Humane Farm Animal Care at P.O. Box 82, Middleburg, VA 20118.**