Thank you for your interest in applying to become a licensed Certification Body (CB) with CSQ.

In order to process your application, we kindly request you to fill out all the applicable sections of this Application Form as completely and accurately as possible and to submit the required documentation to [info@CSQCertification.com](mailto:complaince@CSQCertification.com).

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| Date of application |  |
| Application filled out by (Initial) |  |
| **SECTION 1: Contact Information** | | |
| **Certification Body General Information** | | |
| CB full name |  | |
| CB short name (if applicable) |  | |
| Site address  (street, zip code, city, province, country) |  | |
| Postal address  (PO Box, zip code, city, province, country) |  | |
| General phone number |  | |
| Website |  | |
| **Main contact person** | | |
| Full Name |  | |
| Title |  | |
| Email address |  | |
| Business phone number |  | |
| Cell phone number |  | |
| **Second contact person** | | |
| Full Name |  | |
| Title |  | |
| Email address |  | |
| Business phone number |  | |
| Cell phone number |  | |
| **Financial Details** | | |
| CB name on invoice |  | |
| Address for CSQ invoices  (if different from main address) |  | |
| Billing contact |  | |
| Direct phone number |  | |
| Email address |  | |

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| **SECTION 2: CB Operation** | |
| **Organization** | |
| 1. Number of locations (offices) CB operates from |  |
| 2. How many staff working with the Scheme at main location in total? |  |
| 3. What other safety or Quality audits are offered? |  |
| 4. What other GFSI Schemes are offered? |  |
| 5. Is the CB accredited to ISO/IEC 17065? |  |
| 6. Does the CB have a centralized quality management system applicable to all local offices? |  |

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| **CB is active in which regions:** | | | |
| Asia |  | Oceania |  |
| Africa |  | North America |  |
| Europe |  | Central/South America |  |

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| **Details of subcontracted activities** | | | | | | |
| Third Party name | Address (street, zip code, city) | Country | Phone number | Staff number | Accreditation | Activities performed |
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| **SECTION 3: Application** |
| **Scope being applied to:** |
| |  |  |  | | --- | --- | --- | | **BI/BII** |  | Growing and Cultivation of Cannabis Plants | | **CII** |  | Manufacturing and Extraction of Cannabis | | **CIV** |  | Manufacturing and Infusion of Cannabis into Food and Beverage Products | | **K** |  | Manufacturing of Cannabis Dietary Supplements | |

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| **Documentation required (in English) to be submitted with this application** | |
| **Provisional License Documents** | **CSQ Check** |
| Accreditation Body (AB) statement that a formal application for accreditation based on CSQ has been made for the categories applied for. |  |
| **Full License Documents** |  |
| Accreditation certificate for the Scheme covering the normative references compliant with Part 3 of CSQ Scheme Requirements. |  |
| Accreditation Body Office and Witness Assessment Reports to cover all the categories applied for. |  |

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| **SECTION 4: Approval (To be filled out by CSQ)** | |
| **Review and Conclusions** | |
| **Provisional License** | |
| Application complete and accurate | Yes      No |
| Documentation submitted complete | Yes      No |
| Application Fee Invoice | Yes      No |
| **License Agreement (Provisional) Approved** | Yes      No.  Reason (If no): |
| **Reviewer Name/Date** |  |
| **Full License** | |
| Accreditation documentation (certificate and audit reports) complete and accurate | Yes      No |
| Date accreditation achieved |  |
| Number of certificates in database (min. 2) | Yes      No |
| **License Agreement (Full) Approved** | Yes       No.  Reason (If no): |
| **Reviewer Name/Date** |  |

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| **CB Licensing Fee Chart** | |
| **Initial License Fee:** | $10,000 |
| **Annual License Fees:**  1-49 audits  50-249 audits  250-499 audits  500-749 audits  750+ audits | $5,000  $7,500  $10,000  $12,500  $15,000 |

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| **SECTION 5: Scope Extension History (To be filled out by CSQ)** | | | | |
| **Scope** | **AB Confirmation submitted** | **Provisional License Approved/Date** | **Requirements:**  **a) Accreditation Certificate**  **b) Witness audit reports per standard**  **c) (1) Certificate in the database per standard** | **Full License Approved/ Date** |
|  |  | Yes  Date/Initials: |  | Yes  Date/Initials: |
|  |  | Yes  Date/Initials: |  | Yes  Date/Initials: |
|  |  | Yes  Date/Initials: |  | Yes  Date/Initials: |
|  |  | Yes  Date/Initials: |  | Yes  Date/Initials: |
| Comments: | | | | |