**APPLICATION FORM**

**GLOBALG.A.P. CERTIFICATION**

PLANTS

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| --- | --- |
| **Company name:** (Please use full name of company with e.g. Ltd., Inc, SAC, SA, SARL, BV)  **貴社名**（Ltd, Inc, SAC, SA, SARL, BV等を含めた貴社の正式名称を日英併記でご記入ください）  EN:  JP: | Company Address: (Street, post code, city, province, country, P.O. Box) **所在地**（郵便番号・所在地（都道府県から）日英併記でご記入ください）  EN:  JP: |
| Legal Representative: **会社代表者** （日英併記でご記入ください）  **Name　氏名:**  **Role　役職:** | **Contact person: (in addition)**  **担当者**（日英併記でご記入ください）  **Name　氏名:**  **Role　役職:** |
| **Phone number(s): 電話番号** | E-mail address: メールアドレス **Email for invoicing if different:** 請求先メールアドレス(上記と異なる場合) |
| VAT/TAX number/ Company registration/Chamber of commerce no: **VAT / TAX番号 /会社登録番号 / 商工会議所番号** | Global Location Number/GLN from GS1 (if available): **国際所在地番号** |
| GPS coordinates of seat address (format: latitude, longitude +/-10m) **所在地のGPS座標**  **(緯度/経度小数点以下4～6桁表記 +/- 10m)** | GLOBALG.A.P. (GGN) number if already exists GLOBALG.A.P.番号 (GGN)がすでにある場合） |
| Yes,GGN: | |

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| **GLOBAL G.A.P. Type of Certification**  **GLOBALG.A.P.認証 認証タイプ** | | | |
|  | First CB Audit – Initial application  **認証機関による初回審査 – 初回申込** |  | I have never been audited/certified for GLOBALG.A.P. before  **過去にGLOBALG.A.P.認証審査/認証を受けたことがありません。** |
|  | I do declare that I have never got any GLOBALG.A.P. identification number (GGN, CoC. PHA number)  **GLOBALG.A.P.識別番号（GGN, CoC. PHA番号）を過去に取得したことが無いことを宣言します。** |
|  | CB transfer with valid certificate at another CB **他の認証機関から移転** | | |
|  | Recertification audit **再認証審査** | | |
|  | Extra audits **追加審査** | | |

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| **Plants Certification Programs (mark preferred modules with “X”)**  **農産物認証プログラム(希望するモジュールに "X "を付ける）** | | | | | | |
|  | **IFA** |  | Fruit and Vegetables (FV) v6-Smart | | | |
|  | Hops v6-Smart | | | |
|  | Combinable crops (CC) v5.2 | | | |
|  | Flowers & Ornamentals (FO) v6-Smart | | | |
|  | Plant Propagation Material (PPM) v5.2 | | | |
|  | **IFA GFS** |  | FV v5.4-1 | |  | Flexible distribution rule |
|  | FV v6 (not recognized yet) | |
|  | **Crops for Processing** |  | FV | | | |
| CC | | | |
| Green coffee | | | |
|  | **localg.a.p. Impact-Driven Approach Module (IDA**) | | | Name of the FMS provider: | | |
|  | **localg.a.p. Primary Farm Assurance (PFA)** | | | | | |

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|  | **Residue Monitoring System audit (IFA)**  **残留農薬モニタリングシステム審査** |  | Applying as opt2 offering RMS only to the group members  **Option2のグループメンバーに対しての残留農薬モニタリングシステムを申し込む** |
|  | Applying as individual RMS operator (covering more than one certificate holder) please fill in point 9  **個別の残留農薬モニタリングシステムを申し込む** |

Add-Ons　アドオン(追加認証)

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|  | **GRASP** (please complete the GRASP Annex as well) | |
|  | **GG PLUS** (McDonald’s) | |
|  | **NURTURE Module FV** | Name of the primary supplier:  O-key of the primary supplier:  Name of the export company:  Approved PPPL ID: |
|  | **NURTURE Module FO**  (attach Primary Supplier approval) |
|  | **GGFSA** | |
|  | **FSMA PSR** | |
|  | **SPRING** | |
|  | **AH-DLL GROW**  (attach proof of service contract) | Name of the service provider(s): |
|  | **TR 4 Biosecurity for Bananas** | |
|  | **Impact-Driven Approach (IDA**) | Name of the FMS provider: |
|  | **SIZA ENVIRO / SIZA LEAF BOLT ON** | |
|  | **Freshmark GMP** | |

Standard Options (mark preferred option with “X”)

基準オプション（希望するオプションに "X "を付ける）

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|  | Option 1 Single site  **オプション１ 単独サイト** |  | Option 1 Multi-sites with QMS (N/A for PHA)  **オプション１ QMSのあるマルチサイト（PHAの場合非該当）** |
|  | Option 1 Multi-sites without QMS  **オプション１ QMSのないマルチサイト** |  | Option 2 Group of farmers (N/A for PHA)  **オプション２ グループ認証 （PHAに非該当）** |

Additional Services (if needed) 追加サービス

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|  | **Pre-scoping** identifying compliance of current practice as per GLOBALGAP requirements prior to the first inspection/audit.  **事前審査**初回審査の前に適合性を確認するサービス |
|  | **Application for off-site/on site module audit/inspection** (CB may decide to offer it)  **書類審査と現場審査を分けて行うサービス**(認証機関が実施の有無を決定する) |

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| **In case of QMS projects** | Name of Internal QMS auditor(s):  Name of Internal farm auditor(s): |

1. **Products**農作物

**Parallel Ownership (former PP/PO together) –** is the situation where producers cultivate and/or buy (and handle) non-certified products of the same products they grow under certified production. It is also PO if a PG handles certified and non-certified amounts of the same product even from its producers!

**並行所有（旧PP/PO）―**認証生産下で取り扱う認証品と同じ非認証生産物を生産者が栽培および／または購入（および取り扱い）している状況を指す。また、生産者グループであっても、同じ製品の認証品と非認証品を扱う場合は並行所有となります。

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| **Plant product name**  as per GLOBALG.A.P. Product list  **農作物名**  GLOBAL G.A.P.生産物リストにある通りの名称 | **Harvesting period(s)**  **収穫期間** | **Cultivation area in hectares**  **圃場の面積の総計**  ヘクタールで記入 | | | | **PO**  **Parallel Owner-ship**  (Yes/ No)  **並行所有** | **Countries**  **of**  **destination**  **出荷先国名** | **Applicable add-ons**  **アドオンの適用** |
| 1st harvest  Covered  その年の1回目のハウスでの収穫面積 | Further  Covered  それ以降の年内のハウスでの収穫面積 | 1st harvest  Non-covered  その年の1回目の露地での収穫面積 | Further  Non-covered  それ以降の年内の露地での収穫面積 |  |  |  |
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1. **Production Sites** and related crops (e.g. farm sites, fields, arable lands)

生産拠点（例：農場、畑、耕作可能な圃場

Note**: In case of Producer Groups/ Multi-sites without QMS / Multi-sites with QMS please fill in the attached excel sheet.**

Note: In case of rented sites renting agreements shall be available during audit.

注：**生産者グループまたはQMSを伴うマルチサイトの場合、添付のエクセルシートをご記入ください。**

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| **Unit name/ID**  **拠点名/ID** | **Name contact person**  **担当者名** | **Address**  **住所** | **Latitude**  **緯度** | **Longitude**  **経度** | **Added/**  **Changed/ Withdrawn**  **追加/変更/取下** |
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| **Unit name/ID**  **拠点名/ID** | **Plant(s)**  **農作物** | **Harvesting period**  **収穫時期** | **Covered area (ha)**  **ハウス栽培面積（ヘクタール）** | **Number of growing cycles per a year**  **ハウス栽培での1年間の収穫回数** | **Non-covered area (ha)**  **露地栽培面積（ヘクタール）** | **Number of growing cycles per a year**  **露地栽培での1年間の収穫回数** | **Harvest included? (Yes/no)**  **収穫を自社で行うか？**  **（Yes/ no）** | **PO (Yes/**  **no)**  **並行所有（Yes/ no）** | **Add-on**  **アドオンの適用** |
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1. **Produce Handling Units** (e.g. storage, packinghouse)

生産物取扱い拠点（例；保管庫、パッキングハウス）

If handling is in the scope please fill the table below.

取り扱いがある場合は、以下の表に記入してください：

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit name**  **拠点名** | **Address**  **住所** | **Latitude**  **緯度** | **Longitude**  **経度** | **Applicable product**  **該当の生産物** | **Handling season** (per crops)  **取扱時期（1作毎）** | **PO**  **Parallel ownership** (Yes/No)  **並行所有（Yes/No）** | **Valid certificate (GFSI food safety scheme or other IFA)**  **有効な証明書（GFSIが認める食品安全スキームまたはその他のIFA）** | **Process (-es)**  (e.g. storage, packing) – list per product  **工程**  **(例：保管、梱包）-製品ごとに列挙してください。** |
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1. Non operational period of PHU

加工拠点が稼働していない期間

|  |  |  |  |
| --- | --- | --- | --- |
| **Interval**  **期間** |  | Reason/ justification:  **理由／正当性** |  |

1. **Declarations:** 宣言

I declare that (Mark with an ’**X**’ only if applicable)

私は下記の通り宣言致します。（該当があればX印でご指定ください）

|  |  |  |  |
| --- | --- | --- | --- |
|  | The same product(s) is/are also packed for **other GLOBALG.A.P. certified** **producers** in my Product Handling Unit  生産管理拠点において、**他のGLOBALG.A.P.認証生産者**のために同じ品目の包装が行われています。 | | |
|  | The same product(s) is/are also packed for **other non GLOBALG.A.P. certified producers** in my Product Handling Unit  生産管理拠点において、**他のGLOBALG.A.P.非認証生産者**のために同じ品目の包装が行われています。 | | |
|  | The produce handling operation is **subcontracted** to another **GLOBALG.A.P. certified** producer(s). Please fill in point 6 as well.  生産管理工程は他の**GLOBALG.A.P.認証生産者に委託されています**。６項にご記載ください。 | | |
|  | The produce handling operation is **subcontracted** to other **non** **GLOBALG.A.P. certified** producer/company. If the produce handling unit/producer has GFSI recognized food safety certificate, include the certificate number and validity and please attach a copy of the certificate. Please fill in point 3 and 6 as well.  生産管理工程は**他のGLOBAL.G.A.P.非認証生産者に委託されています**。生産管理拠点/生産者が有効なIFS,BRC認証書、認証番号や有効期限を持っています。３、６項にご記載ください。 | | |
|  | **Product harvest exclusion**  **生産物収穫の除外** | **Justification/reason for exclusion:**  理由／正当性 |  |
|  | **Produce handling exclusion**  **生産管理工程の除外** | **Justification/reason for exclusion:**  理由／正当性 |  |

1. **Subcontractors**

外部委託先

Are any of your production/processing/handling activities done by subcontractors (e.g. chemical treatment)? If yes, please mention below.

生産/工程/管理活動を外部業者に委託（例：薬剤処理）されていますか？ はい の場合下記をご記入ください。

|  |  |
| --- | --- |
|  | Production/processing/handling activities done (at least partially) by subcontractors (e.g. chemical treatment)  生産／加工／取扱等の認証活動が（少なくとも部分的に）委託先組織によって行われている（例：化学処理） |
|  | I don’t have any subcontractor.  外部委託先は使用していない。 |

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| **Subcontractor’s name**  **委託先業者名** | **Address**  **住所** | **Activity/Process**  **委託業務/工程** | **Certified (GLOBALG.A.P., IFS, BRC etc) or not (if yes include GGN, cert no, validity)?**  **認証（GLOBALG.A.P.、IFS、BRCなど）を取得しているかどうか（取得している場合、GGN、認証番号、有効期限を含む）** | **Relevant Unit ID**  **関連の拠点ID** |
|  |  |  |  |  |
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***Specific details below are to be filled in if applicable for your application, otherwise proceed t******o Point 10***

**これより以下の項目は、該当する場合のみ詳細を記入。該当しない場合10項 に進む。**

1. **Only for crops for processing – CFP – 100% processing of plants applied**

If a product partly intended for processing and partly for fresh consumption it shall be certified under IFA.

加工用作物のみでcrops for processingを申請の場合（CFP - 100%加工用作物を適用の場合）

製品の一部が加工用で、一部が生鮮食用である場合、IFA 認証を受けなければならない。

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| **Crop Name**  as per GLOBALG.A.P. Product list  **作物名**  GLOBALG.A.P.製品リストによる | **Process description /utilization**  (eg. cooking, pasteurization, pathogen-killing washes, irradiation)  **工程の説明用**  (例：調理、低温殺菌、病原菌を殺す洗浄、放射線照射） | **Final product description**  (eg juice, pulp, frozen, dried)  **最終製品の説明**  (ジュース、パルプ、冷凍、乾燥など） | **Risks and mitigation steps**  (contract with processors, HACCP, processing flowchart may be attached.)  **リスクと低減策**  (加工業者との契約、HACCP、加工フローチャートを添付することができる) | **Processor and country of processor**  **加工業者およびその所在国** |
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1. **Only for SPRING** (Sustainable Program for Irrigation and Groundwater use)

**SPRINGのAdd-ons（灌漑および地下水利用のサステイナブルプログラム）を希望の場合のみ記入**

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| **Crop Name**  as per  GLOBALG.A.P.  Product list  **作物名**  GLOBALG.A.P.製品リストによる | **Area**  **Covered**  **(ha)  ハウス栽培**  **（ヘクタール）** | **Water**  **Sources and infrastructure**  **(well, river, waterways, etc.)**  **水源とインフラ**  **(井戸、河川、水路など）** | **Quantity of water**  **used in m³/year**  **水の使用量 使用量**  **単位：m³/年** |
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1. **Individual RMS operator details**

**個人生産者の残留農薬モニタリングシステム詳細**

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| --- | --- |
| **Products included**  **含まれる製品** |  |
| **Number of participants**  **参加人数** |  |
| **Area scope**  **範囲** |  |

1. **Preferred audit period**

**ご希望の審査期間**

Please indicate the estimated transfer time between units including the administrative office if applicable

拠点間の移動時間の目安をご記入ください（該当する場合は管理部門のオフィスを含む）。

|  |  |
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| **Describe the location and the transfer time of the units**  **各拠点の場所と拠点間の移動時間を記入** |  |
| **Preferred audit period**  **審査希望時期** |  |
| **Please indicate your 15 unavailable days during your audit window**  **土日・祝日を除き、審査に対応ができない日付があればご記入下さい。**  **※申告いただいた日程には非通知審査は行われません。**  (4 months before your certificate expires and 4 months after your　certificate expires if extension was done)  (証明書の有効期限が切れる 4 か月前、延長が行われた場合は証明書の有効期限が切れてから 4 か月後) |  |

1. **DECLARATION ON DISCLOSURE OF INFORMATION IN GLOBALG.A.P. DATABASE　GLOBALG.A.P.データベースの情報開示に関する宣言書**

By sending back this application form you consent to this data release level. If you do not wish to release your optional data for the public, please mark ‘NO’

この申込書を返送することにより、このデータ公開レベルに同意したものとみなされます。任意データの公開を希望しない場合は、「NO」に印を付けてください。

|  |  |
| --- | --- |
|  | Yes, I agree to grant access of my company name and address to the „Public” data access group after explaining this option to me.  はい、このオプションを説明した上で、私の会社名と住所のアクセスを「公開」データアクセスグループに許可することに同意します。 |
|  | No, I do not agree to grant access of my company name and address to the „Public” data access group after explaining this option to me.  いいえ、このオプションについて説明された後、私の会社名と住所のアクセスを「公開」データアクセスグループに許可することに同意しません。 |

Undersigned declares to have completed this application form truthfully.

上記の記載内容に誤りがないことを確認し下記をご記入ください。

|  |
| --- |
| **Company name貴社名** |
| **Legal representative name会社代表者氏名** |
| **Date署名日** |
| **Signature直筆署名** |

**Based on the above information, Control Union Certifications B.V. will draw up a no-obligation offer for a contract.**

**Control Union Certifications respects your privacy and is committed to protecting your personal data. See our privacy policy at** <https://petersoncontrolunion.com/storage/configurations/certificationspetersoncontrolunioncomaccnakijkennl/files/general_privacy_policy.pdf?_ga=2.165877758.1395489412.1553687991-839678835.1553687991>

According to GLOBALG.A.P. GR Rules for Plants 3.1.2 e, re-application shall be done before the next harvesting season otherwise CUC will ensure that a certificate can not be used for two consecutive harvesting seasons (eg shortening the validity of the certificate).

**ANNEX GRASP**

Please complete the data for GRASP below.

Note: in case of Option 2, this is for producer group and central Product Handling unit(s) (central workers), for members use the Farmer list (Annex)

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| Peak season(s), month(s) |  | | |
| Did you have workers during the last production cycle/year: | Had/have hired workers (during the last year)  No any hired any workers  Family farm - Only non-paid core family members living in the same household work/ed at the farm | | |
| Do you have workers under any worker union/association? | Yes  No | Mention the name(s) of Union/association: |  |
| Are some workers covered by the collective bargaining agreement (CBA)? | Yes No | Explain: |  |
| Is there a piece-rate payment system used? | Yes No | Explain: |  |
| Is accommodation provided for workers? | Yes  No | Please mention address(es) of the place(s): |  |
| Languages spoken on the farm |  | | |
| Nationality of workers |  | | |
| Total number of employees (yearly average) |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **National** | | | **Foreign** | | |
| **Number of total workers last year** | **Permanent** | **Temporary** | **Agency/**  **Subcontracted** | **Permanent** | **Temporary** | **Agency/**  **Subcontracted** |
| Workers Number - male |  |  |  |  |  |  |
| Workers Number - female |  |  |  |  |  |  |
| Working Core family members |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Total National Workers** |  | | | | | |
| **Total Foreign Workers** |  | | | | | |