

FO-01 Certification Program Application Form

Business name			FPAQ Nº	
Applicant's Name:	Street:			
Phone:	City:			
Mobile:	Postal Code:	-		
Fax:	E-mail:			
Certification requested for:				
NAPSI certified maple water NAPSI certified maple water based product Which of the following activities are used to the following activities are used.		(subcontra	cting inclu	ıded):
Activity	, ,	Yes	No	•
Maple water collection and storage Maple water transportation				
Maple water stabilization and transformation Conditioning and packaging (finished and				
Storage (finished and unfinished products)				
Labeling and advertising				
1. Number of involved locations				
2. Address of every involved location (indicate if you are renting said location)				
Address:				
Address:				
Address:				
I hereby commit to maintain the confidentiality of all NAPSI certification related documents and specifications. Unauthorized reproduction, exhibition and distribution of NAPSI certification related documentation is strictly forbidden. Any transgressor will be facing lawsuits from the certification program's management committee.				
If my participation to the certification program should end, I commit to give back all NAPSI certification related documents to the management committee (this includes the certification's program and management tools).				
Date:	Signature:			
Received date (for administration's use only):				