

FO-05 Certification Program Renewal Form

Business name		FPAQ N°	
----------------------	--	----------------	--

Applicant's
 Name: _____ Street: _____
 Phone: _____ City: _____
 Mobile: _____ Postal Code: _____
 Fax: _____ E-mail: _____

Certification requested for:

NAPSI certified maple water	
NAPSI certified maple water based products	

Which of the following activities are under your responsibility (subcontracting included):

Activity	Yes	No
Maple water collection and storage		
Maple water transportation		
Maple water stabilization and transformation		
Conditioning and packaging (finished and unfinished products)		
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): _____
--