



Application for accreditation as a CIPRS service provider

Company name _____
Corporate address _____

Contact name _____
Title _____

Telephone number _____ Fax number _____

E-mail address _____

Auditors proposed by assessment body to conduct IP audits

(please use separate list if required)

Name _____ Location _____

Qualifications* _____

Name _____ Location _____

Qualifications* _____

Name _____ Location _____

Qualifications* _____

Date of application _____

Other registrations or accreditations (e.g. ISO Registrar)

Complete and return to

Certification and Accreditation Office
Canadian Grain Commission
303-303 Main Street
Winnipeg MB R3C 3G8
or email to
jsutherland@grainscanada.gc.ca

* Qualifications – see CGC-ASP-STAN 2.0.0 for requirements