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| DATE COMPLETED: |  |  | **SPP IDENTIFICATION CODE(#SPP)[[1]](#footnote-1):** |  |
| PLACE COMPLETED: |  |
|  | **Type of application***\*Check the type of procedure you are going to perform* | FIRST TIME |  | RENEWAL OF THE CERTIFICATE |  |

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| **ORGANIZATION** |
| FULL NAME OF THE ORGANIZATION: |
| ORGANIZATION EMAIL: | COUNTRY OF THE ORGANIZATION: |
| SHORT NAME OF THE ORGANIZATION: |
| WEBSITE: | SKYPE: |
| TELEPHONE OF THE ORGANIZATION (COUNTRY CODE + AREA CODE + NUMBER) |
|  **OFFICE ADDRESS** |
| COUNTRY |  |
| STREET |  |
| CITY |  |
| STATE |  |
| POSTAL CODE |  |
|  **TAX DATA** |
| EMAIL |  |
| BUSINESS NAME |  |
| BANK ACCOUNT |  |
| FISCAL ADDRESS |  |

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| **CONTACTS** |
| Position | NAME | PATERNAL SURNAME | MATERNAL SURNAME | PHONE(S) | EMAIL(S) | COUNTRY | CITY |
| *Executive, Administrative, Manager, Communication, Certification, Decision making* |
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| **GENERAL DATA** |
| CHECK THE SCOPE OF THE COMPANY |
| Final Buyer | Intermediary | Maquila company |
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| **OPERATION DATA** |
| **Which Small Producers' Organizations do you buy from or intend to buy from under the Small Producers' Symbol scheme?** |
|  |
| **Who are the owners of the company?** |
|  |
| **If your company is a "Final Buyer", mention if you want to include any additional qualifier for complementary use with the graphic design of the Small Producers' Symbol.** |
|  |
| **Check if you outsource processing services** |
| YES | NO |
| **If "yes", mention the name and service to be performed, indicate whether these companies will register under the SPP program or will be controlled through the small producers organization.** |
| **LIST OF OUTSORCED COMPANIES** |
| COMPANY NAME | SERVICE PERFORMED | REGISTERES AS SPP? |
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| **In addition to your headquarters, how many collection centers, processing areas or additional offices do you have?)** |
|  |
| **Do you have an internal control system to comply with the criteria of the general standard of the Small Producers' Symbol?** |
| YES | NO |
| If “YES” is selected, explain |  |
| **Of the certifications you have, in your most recent internal and external evaluation, how many breaches were identified? And if so, are they resolved or what is their status?** |
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| **CERTIFICATIONS** |
| FILL THE TABLE ACCORDING TO THE CERTIFICATIONS YOU HAVE, (EXAMPLE: EU, NOP, JASS, FLO, etc).

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| **CERTIFICATION** | **CERTIFICATION ENTITY** | **DATE OF RENEWAL****(DD/MM/YYYY)** | **IS IT IN TRANSITION?** |
| **YES, NO, PARTIALLY** |
| **ORGANIC CERTIFICACTIONS** |
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| **OTHER CERTIFICATIONS** |
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| **PRODUCTS** |
| *Details of the products for which you want to use the symbol* |
| **Type of product (Raw material, semi-processed, processed)** | **General product (e.g. coffee, fruit, honey)** | **Specific product (e.g. soluble coffee, frozen fruit, honey)** | **Certifications** | **Volume** | **Organizations that sell to you** | **Product Characteristics** |
| **Estimated to market** | **As a finished product** |
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|  *If You Selected “Renewal Of The Certificate”*  |
| **SPP SALES** |
| *Did you have SPP Sales during the previous certification cycle?* |
| YES | NO |
|   |
| If yes, please indicate the range of the total value of your SPP sales from the previous certification cycle according to the following table |
| Up to $ 500,000 dollars |  |
| Between $ 500,000 and $ 1,000,000 dollars |  |
| Between $ 1,000,000 and $ 1, 500,000 dollars |  |
| More than $ 1,500,0000 dollars | SPECIFY: |
|   |  |  |   |
| Note: For transactions over $ 1,500,000 dollars, a Complete On-Site Evaluation is performed every two years instead of every three years. |

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| **COMMITMENTS** |
| 1.- With the sending of this application the interest to receive a Certification proposal is manifested.2.- The Certification process will begin at the moment that the receipt of the corresponding payment is confirmed.3.- The delivery and receipt of this application does not guarantee that the Certification process will be positive.4.- Know and comply with all the requirements of the General Standard of the Symbol of Small Producers that apply as Small Producers Organization, both Critical and Minimum, regardless of the type of evaluation carried out. |
|  |
| Enter the name of the person who is responsible for the veracity of the information in the format and who will follow up on the application by the applicant (the name must also be registered in the contact section). |
|  |

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| Select the Certification Bodies that will receive your application |
|  |
| CERTIMEX | MAYACERT | BIOLATINA | BCS |
| IMOCERT | BIOTROPICO | CONTROL UNION | TERO |
|  | CERES | QCS |  |

1. Yellow area to be completed by *SPP GLOBAL*  [↑](#footnote-ref-1)