AA01 – FBO Application Form

Food Business Operator need to share filled application form to plan the Food Safety Audit

Date

:

AQMCS will be pleased to assist you to complete this form. Please do not hesitate to write/mail.

Name of Company:						
Address:						
Legal Status of Organization: F	vt. Ltd./P	ublic Ltd./Proprietorship/Part	tnership/Soc	iety/Other: Ltd.		
FSSAI License/Statutory & Reg		equirement/ Legal/ Mandator	ry Registratio	on or Certification Require	ed for Your	
Organization/Product/Service	s:					
Fixed Landline No:		Website:		Email:		
Mobile No.:						
Contact Person:				Position:		
Total No. of Shifts: Total No. employees including Permanent, part time & contract workers:						
Total no. of sites:			-			
Scope of working:						
Numbers of production lines:						
Products Group(details):						
No. of HACCP study:						
Details of Food Handler Department wise						
Department/Section	n	Numbers of Food handler	FoSTaC Tra	aining	Yes/No	_
						_
						_
						┙
Area (Sq. ft) applicable for Foo						
Agency empanelled for Consu		• •		15.00		
Declaration: The information	•		knowledge a	and Belief.		
Please send in original to AQN	/ICS Head	office.				
Signature :						
Name :						
Designation:						

AA001Rev.00, 12 June.2020 Page **1** of **1**