**

2019 CROSSED GRAIN CERTIFICATION APPLICATION

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| ORGANISATION AND CONTACT DETAILS | |
| Company Name: |  |
| Contact Person: |  |
| Contact Person Position: |  |
| Postal Address |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Website: |  |
| Proposed start date: |  |
| BILLING (if different from above) | |
| Name: |  |
| Position in organisation: |  |
| Postal Address: |  |
| Phone Number: |  |
| Email: |  |
| TOTAL gluten free product gross annual turnover (Excl GST)  of products you wish to license – select your band | |
| Under $50,000 |  |
| $51,000 - $100,000 |  |
| $100,001 - $250,000 |  |
| $250,001 - $500,000 |  |
| $500,001 - $1,000,000 |  |
| $1,000,001 - $2,000,000 |  |
| $2,000,001 - $5,000,000 |  |
| $5,000,001 and over |  |
| MARKETING TRANS-TASMAN | |
| Are you exporting or planning to export to Australia? YES/ NO | |
| Commencement date: |  |

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| --- | --- | --- |
| PRODUCTS FOR CERTIFICATION  (please provide full product names) | | |
| Please list all products that will carry the Crossed Grain Logo  (or please supply an electronic spreadsheet) *Tick which applies* | | |
| **Product** | Territory - NZ | Territory - Australia |
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**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**

**If you are proceeding with licensing please include your accredited food laboratory test results, one test per product, with your application.**

*Need an accredited food testing laboratory?*

*Contact us about AsureQuality and their rates that can be accessed via the Crossed Grain Logo Programme.*

**Forward to:**

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