

## Sustainable Food Group Sustainability Standard™ Certification Body Application

Certification Body Name:				
Telephone (including country area cod	e):			
Website (if available):				
Mailing Address:				
		Street Number and Name		
City	State		Country	Postal Code
Main Contact:				
Email address:				
Current Accreditation: □ IS	SO 17021 🗆 IS	O 17065		
Valid Through:				
Accreditation Body:			e attach a copy of the	e accreditation)
Scope of Accreditation:		<del></del>		
relevant scheme normative do Agreement that grants the abi		-		on Body License
CB Representative - Name & title		Signature		Date (mm/dd/yy)
Once completed, send this form	n to <u>certification@</u>	gsustainablefoodgro	oup.org for revie	₹W.
AREA BELOW DOUBLE LINE FOR SU	STAINABLE FOOD	GROUP USE ONLY		
Date application received:	mm dd, yyyy) Accr	reditation verified:	□ Yes □ No	☐ Provisional Status
Organization Approved as Cer	tification Body:	□ Yes □ No	0	
Notes:				
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Sustainable Food Group Representative – I	Name & title	Signature		Date (mmm dd, yyyy)