



APPLICATION FOR DIETARY SUPPLEMENT & FUNCTIONAL FOODS GMP REGISTRATION
NSF International / American National Standard 173, Section 8

1. CORPORATE NAME: (Name as it is to appear in published Listing. Include corporate status e.g., Inc, LLC if not part of the company name.)

Location Address: Street City/State Zip Country

Mailing Address: (If different from location address)

Phone: 800: Fax: E-mail:

Web Address: (If you provide this address it will appear as a link on www.nsf.org upon the Registration Listing of your facility. You are responsible for notifying NSF of changes to your web address.)

Dun & Bradstreet Number:

Corporate Contact: Mr. Mrs. Ms. Dr.

2. PRODUCTION FACILITY: (If more than one facility, please list additional facilities on page 2)

Location Address: Street City/State Zip Country

Mailing Address: (If different from location address)

Phone: 800: Fax: E-mail:

Production Facility Contact: Mr. Mrs. Ms. Dr.

Operating Hours: Holidays/Closings:

3. A payment in the amount of \$ 500.00 is enclosed for the non-refundable project initiation fee. Charges for Listing, audits, and testing will be invoiced as rendered.

Please be advised that payment terms on all invoices are NET 30 days. A finance charge will be imposed on all invoices which are over 30 days past due. The finance charge is computed by application of the periodic rate of 1% per month (12% per annum) to the previous month's balance after deduction of payments made since the previous statement date.

Please describe the types of products made at the facility to be Registered:

Return this application (and check if applicable) to: David Trosin, Dietary Supplements, NSF International Fax # 734-827-7177 789 Dixboro Road Ann Arbor, MI 48113-0140 USA

Please list trade organization you belong to:

Affidavit: I certify that I agree to comply with the applicable NSF policies relating to use of the NSF Mark. I agree to comply with the requirements for Registration and to supply any information needed for evaluation of systems to be Registered. I am authorized by the company to apply on behalf of the company for the evaluation and Registration services of NSF. I am further authorized to agree that the company will pay NSF for any charges billed for services rendered at the request of the company in the initial evaluation and/or testing of products for Registration.

Signature Date Name and Title (print)

For NSF Use Only Project Manager Initials/Date: GMP Type: