



# Aquaculture Facility Certification Inspector/Auditor Application Form

## INSPECTOR/AUDITOR SELECTION

Please supply the following information and return the completed form with a small "head and shoulders" photo to:

Aquaculture Certification Council, Inc.  
12815 72nd Avenue Northeast  
Kirkland, Washington 98034 USA  
Telephone: +1-425-825-7935 • Fax: +1-425-650-3001

There is no fee to apply. Applicants may send digital photos by e-mail to [aquacert@comcast.net](mailto:aquacert@comcast.net). Applicants will receive notification of the approval status of their applications within seven days of receipt. Approved applicants will be invited to attend the next ACC Inspector/Auditor Training Course.

## APPLICANT INFORMATION

Date \_\_\_\_\_

First/Given Name \_\_\_\_\_ Last/Family Name \_\_\_\_\_

Courtesy Title (Dr., Mr., Mrs., Miss, etc.) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Personal Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Physical Address (If different from above) \_\_\_\_\_

City \_\_\_\_\_ State/Region \_\_\_\_\_

Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

What countries or regions are you most interested in serving? \_\_\_\_\_

Educational Credentials: Please list all relevant degrees and special training in aquaculture and HACCP.

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

Certifying Best Practices for Responsible Aquaculture



Applicant \_\_\_\_\_ **Inspector/Auditor Application Form**

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Professional Experience: Company \_\_\_\_\_

Minimum five years experience in aquaculture required. Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Location \_\_\_\_\_

Former employers will be contacted. Employment Period \_\_\_\_\_  
Position/Duties \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Location \_\_\_\_\_

Employment Period \_\_\_\_\_

Position/Duties \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Location \_\_\_\_\_

Employment Period \_\_\_\_\_

Position/Duties \_\_\_\_\_

(Attach additional sheets, if needed, to list further experience.)

Professional References: Name/Position \_\_\_\_\_

Company or Institution \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Working Relationship \_\_\_\_\_

Name/Position \_\_\_\_\_

Company or Institution \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Working Relationship \_\_\_\_\_

Name/Position \_\_\_\_\_

Company or Institution \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Working Relationship \_\_\_\_\_

\_\_\_\_\_ I have no ownership or partnership rights in any aquaculture or processing facility. \_\_\_\_\_ I have interest in the following aquaculture or processing facilities:  
\_\_\_\_\_

\_\_\_\_\_ I have no criminal record in any country.

\_\_\_\_\_ If selected to act as an Aquaculture Certification Council, Inc. inspector/auditor, I will adhere to the standards of ethics and professionalism established by ACC.

Signature \_\_\_\_\_ Date \_\_\_\_\_