



Aquaculture Facility Certification Certification Application Form

AQUACULTURE CERTIFICATION

To apply for certification in the Best Aquaculture Practices Aquaculture Facility Certification program, please complete the following application, facility, payment and inspection information, and return this form with the U.S. \$500 application fee to:

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

For a further explanation of the Best Aquaculture Practices standards, refer to the Guidelines for Standards that follow this form. Please take the time to fully review these materials before contacting ACC for more information.

APPLICATION INFORMATION

— HATCHERIES

Type or Print Clearly

Please provide all of the following information, which will be verified during site inspection by the ACC inspector.

— For Official Use Only —

ACC Facility Number _____

ACC Inspector _____

ACC Inspector Number _____

Inspection Date _____

Reinspection Date _____

Hatchery to Be Certified _____ Application Date _____

Physical Location _____

Company Legal Name _____

Company Legal Status _____ Corporation _____ Limited Liability Company _____ Other _____

Registered Address (city, state/province, country) _____

Mailing Address _____

City _____ State/Province _____

Country _____ ZIP/Numeric Postal Code _____

Contact Name for Inspection _____

Telephone _____ Fax _____

E-mail _____

Legal Representative Who Will Sign Contract _____

Legal Representative Title _____

Telephone _____ E-mail _____

FACILITY INFORMATION

Millions of Postlarvae Produced Last Calendar Year _____

Species Produced _____

Broodstock Source(s) _____

Facility Age (oldest section) _____ Date of Most Recent Expansion _____

Site Location _____ Coastal Area _____ Inland Site _____ Water Source _____

PAYMENT INFORMATION

_____ Enclosed is my check, drawn on a U.S. bank and made payable to Aquaculture Certification Council, Inc.

_____ I will pay by wire transfer. Please contact the ACC office for account details.

_____ I will pay by credit card: _____ MasterCard _____ Visa _____ American Express

Credit Card No. _____ Security Code No. _____
(Three digits after card number on back of MasterCard, Visa; four digits on front of American Express)

Expiration Date _____ Cardholder Name _____

Billing Address _____

City _____ State/Region _____

Country _____ ZIP/Postal Code _____

Signature _____

