Application to be completed and submitted electronically.

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| Section 1. Details of Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company/Legal entity applying: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main Corporate Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invoicing address (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Website address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 2. Details of Authorized Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Authorized Representative: | | | | | | | | | | | | | | | | | | | | | | Title: | | | | | | | | |
| Office Phone Number: | | | | | | | | | | | | | | | | | | | | | | Mobile Number: | | | | | | | | |
| Fax Number: | | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | | |
| Section 3. Details of site(s)/locations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility site address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| FSIS /USDA Establishment No.: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Quality Assurance Manager: | | | | | | Name: | | | | | | | | | | | | | | | | | Mobile Number: | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | Office Number: | | | | | | | |
| Legal Status: | | | | | | USDA Grant of Inspection | | | | | | | | | | | | | | | | | Issue Date: | | | | | | | |
| Food Safety Management Systems Certification: | | | | | | BRC | | | | | | | | | | | SQF | | | | | | | | | | Other (Please specify) | | | |
| Expiration date of current certificate: | | | | | | | | | | | | | | | | | | | | | | | | |
| List Specific Areas of Production Covered in HACCP Program: | | | | | | 1. | | | | | | | | | | | 4. | | | | | | | | | | 7. | | | |
| 2. | | | | | | | | | | | 5. | | | | | | | | | | 8. | | | |
| 3. | | | | | | | | | | | 6. | | | | | | | | | | 9 | | | |
| Outsourced Services | | | | | | Sanitation  Pest Control  Water Testing  Other, please list. | | | | | | | | | | | | | | | | | | | | | | | | |
| Laboratory Testing | | | | | | Applicant performs daily testing:  Onsite  Offsite to 3rd party | | | | | | | | | | | | | | | | | | | | | | | | |
| If testing is performed by an external 3rd party, is the facility ISO 17025 certified?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Shifts Per Week Designated for Halal Production: | | | | | |  | | | | | | | | | | | Total No. of Employees at Facility: | | | | | | | | | | 1st Shift: | | | |
| 2nd Shift: | | | |
| Section 4. Scope of Product Certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Cluster | Category | | | | Subcategory | | | | | | | | | Examples of included activities | | | | | | | | Product Specification Standards | | | | |
| Food and Feed Processing | C  Food  Manufacturing | | | | CI:  Processing of perishable animal products | | | | | | | | | Production of animal products including fish and seafood, meat, eggs, dairy and fish products. | | | | | | | | GSO/UAE.S 2055-1  OIC/SMIIC 1  MS 1500 | | | | |
|  | | | | Food and Feed Processing | C  Food  Manufacturing | | | | CIII:  Processing of perishable  animal and plant products (mixed products) | | | | | | | | | Production of mixed animal and plant products including pizza, lasagne, sandwich, dumpling, ready to-eat meals. | | | | | | | | GSO/UAE.S 2055-1  OIC/SMIIC 1  MS 1500 | | | | |
|  | | | | Food and Feed Processing | C  Food  Manufacturing | | | | CIV  Processing of ambient  stable products | | | | | | | | | Production of food products from any source that are stored and sold at ambient temperature, including  canned foods, biscuits, snacks, oil, drinking water, beverages, pasta, flour, sugar, food-grade salt | | | | | | | | GSO/UAE.S 2055-1  OIC/SMIIC 1  MS 1500 | | | | |
|  | | | | Food and Feed Processing | C  Food  Manufacturing | | | | CV:  Animal slaughtering | | | | | | | | | Processing of carcasses including slaughtering in slaughterhouses, cutting, cleaning and packing. | | | | | | | | GSO/UAE.S 2055-1  UAE.S 993  OIC/SMIIC 1  MS 1500 | | | | |
|  | | | | Biochemical | K  Production of (Bio) Chemicals | | | | | | | | | | | | | Microbiology, Production of food and feed additives, vitamins, minerals, bio-cultures,  flavorings, enzymes and processing aids.  Pesticides, drugs, fertilizers, cleaning agents,  cosmetics, textiles, leather products, .... etc. | | | | | | | | GSO/UAE.S 2055-1  OIC/SMIIC 1  MS 1500 | | | | |
| Section 5. Halal Certifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant currently hold any other current or previous certification (s) from other Halal Certification Bodies? | | | | | | | | | | | Yes  No | | | IF Yes, please provide the following details: | | | | | | | | | | | | | | | | |
| Certification body/or granting entity name: | | | | | | | | | | | | | | | | |
| Scope of certification: (Certificate Number/date) | | | | | | | | | | | | | | | | |
| Initial Certification Date: | | | | | | | | | | | | | | | | |
| Expiry date of latest certification certificate: | | | | | | | | | | | | | | | | |
| Section 6. Consultancy & Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant received any consultancy/training from a 3rd party relating the halal management system. | | | | | | | | | | | Yes  No | | | IF Yes, please provide the following details: | | | | | | | | | | | | | | | | |
| Name of the 3rd party consultancy or training group: | | | | | | | | | | | | | | | | |
| Section 7. Slaughtering Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of Slaughter | | | | | | | Mechanical Slaughter | | | | | | | | | | | | | | | | | Hand Slaughter | | | | | | |
| Loss of Consciousness Methods | | | | | | | Electrical Water Bath | | | | | | | | | | | | | | | | | Controlled Atmospheric Stunning (CAS) | | | | | | |
| Pneumatic Percussion (non-penetrating) | | | | | | | | | | | | | | | | | Not applicable | | | | | | |
| Section 8. Feed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the feed used at this facility free of porcine proteins? | | | | | | | | | | | | Yes | | | No | N/A | | | | | Feed Statement from feed supplier to be attached with application. | | | | | | | | | |
| Section 9. Product Details/Slaughterhouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | | | Product Code | | | | | | | | | | | | | | | | | Product Description | | | | | | | | | | |
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| Section 10. Product Details/Further Processing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | | | Finished Product Code | | | | | | | | | | Product Description | | | | | | | | | | | | Product Ingredients | | | | | |
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| Section 11. Ethanol | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do your facilities use alcohol/ethanol in the production process and/or sanitation process? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
| Is alcohol/ethanol present in the final product? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
| If so, what is the highest concentration of alcohol/ethanol in the products during processing? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the concentration of alcohol/ethanol in the final product? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your procedure for testing the concentration levels? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 12. Market Place | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all countries where halal product will be advertised and sold. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Section 13. Packaging Materials | List only the packaging material that will have direct contact with halal products. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | Manufacturer | | | | | | | Packaging Material Description | | | | | | | | | | | Certificate of Analysis, Compliance, or Technical Data sheet | | | | | | | | | Animal Derivative Statement | | |
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| Section 14. Supporting Documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following documents must be submitted with the application, if applicable, in order for application to be considered complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | | | | | Food Safety Management System certifications (BRC/SQF, other) | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | N/A | | | | Certificate from Current or previous Halal certifier, If applicable. | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | N/A | | | | ISO 17025 certificate, If applicable. | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | N/A | | | | Loss of Consciousness Information | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | | | | | Product Labels | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | | | | | Feed Statement/Declaration | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | | | | | Packaging Material | | | | | | | | | | | | | | | | |
|  | | Documents Attached | | | | | | | | | | | | Halal Standard Operating Procedure | | | | | | | | | | | | | | | | |
| Please submit completed application and supporting documentation to: [auditingdepartment@halalco.us](mailto:auditingdepartment@halalco.us) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Internal: To be completed by HalalCo personnel

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| 1st Submission Reviewed By: | Position | Signature | Date |
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| Recommendation | Approve Application | Decline Application | |
| Application declined for the following reason (s): | | | |
| Resubmission Reviewed By: | Position | Signature | Date |
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| Recommendation | Approve Application | Decline Application | |
| Application declined for the following reason (s): | | | |
| Final Review Performed By: | Position | Signature | Date |
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