



DRYER RE-CERTIFICATION APPLICATION
Crop Year 2009

Dryer Name _____

Dryer F.D.A. Registration Number: _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Contact Name _____ Phone _____

Please list any changes in process or equipment since your last application _____

Approximate start date for this crop _____

Inspection Service

Do you have any agreement with any third party inspection agency to perform any of the maintenance service listed in the original application or to regularly inspect your Dryer for operations safety, sanitation, good manufacturing practices, etc? _____ If so, please list the agency and the approximate frequency of inspections.

I hereby certify that the above is true and complete to the best of my knowledge. This application serves as a request for Sunsweet certification of my facility. I also agree that I will comply with and maintain minimum standards of the certification program as it is written and provided to me from time-to-time and will correct any deficiencies that may develop or are noted by Sunsweet or its assigned agents, or advise Sunsweet of my inability to address such deficiencies. I also give Sunsweet personnel, or their agents, the right of access to my facility for compliance inspections when requested (at any time during operations hours with proper identification, or other times with reasonable notice). Deficiencies not corrected to the minimum standards may cause the loss of certification for the balance of that year, and refusal by Sunsweet to accept any fruit dried at that facility prior to certification being re-established for that facility.

Date

Dryer Owner/Operator Signature