Safety Seal Certification Program

Reassessment/Reinstatement Request Form

|  |  |
| --- | --- |
| **Safety Seal Number:** |  **Type of Request:** |
| **** Reassessment | **** Reinstatement(for those with revoked Safety Seal) |
| **Business/Cooperative/Corporate Name:** |
| **Business Address:** |
| **Date of Inspection:** |  |
|  |
| **Attachments** |
| **Reassessment:** Picture/s or any proof showing compliance | **Reinstatement:*** Copy of Notice to Explain issued by Inspection Team
* Explanation or Pictures/any proof showing

compliance with findings of the inspection team |
| Name and Signatureof Business Owner/ Authorized RepresentativeDate:  |
| **Submit this form:*** **via email: \_**
* **physically at: \_**
* **through**: \_
 |