Safety Seal Certification Program

Reassessment/Reinstatement Request Form

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| **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 Signature  of Business Owner/ Authorized Representative  Date: | | | | |
| **Submit this form:**   * **via email: \_** * **physically at: \_** * **through**: \_ | | | | |