

**QSEAL CERTIFICATION
APPLICATION FORM - Recertification**

Fractionation Facility Name _____	
Gov't License # _____	
Audit Coordinator _____	
Address _____	
City _____	State _____
Country _____	Postal Code _____
Telephone _____	Telefax _____

The PPTA Office must be advised of any plans that may affect audit scheduling, such as major renovation/construction, other planned audits, or any other event or fact that may affect scheduling.

Corporate Ownership Information:

Corporate Name _____

Contact Name _____

Address _____

City _____

Province/State _____

Postal Code _____

Country _____

Telephone _____

Telefax _____

E-mail _____



Plasma Protein Therapeutics Association



Application must be submitted with the appropriate fee:

Recertification Fees - Each Facility - year 2008:

- PPTA Member \$10,000 USD
- Non-Member \$20,000 USD

Read and sign:

I certify that to the best of my knowledge the information contained in this application is complete and accurate.

By my signature below, I certify that this facility has implemented procedures to ensure adherence to the PPTA Voluntary Standards as approved by the PPTA Board of Directors. There are not, at the time of this application, any governmental regulatory restrictions or sanctions to prevent normal manufacturing operations of this facility.

I understand that participation in the PPTA Certification programme is completely voluntary and subject to adherence to all PPTA standards. I may withdraw from the programme at anytime by notifying the PPTA Office or have my PPTA Certification revoked at anytime if the facility is found not to adhere to the PPTA Standards.

Signature

Date

Type or Print Name/Title

Return completed form, fee, and necessary attachments to:

**QSEAL CERTIFICATION
PPTA**

**147 Old Solomons Island Road Suite 100
Annapolis, MD 21401-3822**

Telephone: (202) 789 3100 / Telefax: (410) 263 2298