

**Quality Standards of Excellence, Assurance and Leadership**  
**QSEAL Certification**  
**AUDIT APPLICATION FORM**  
**– Initial Certification –**

|  |                   |
|--|-------------------|
| <b>For the Facility Being Audited:</b> |                   |
| Fractionation Facility Name _____      |                   |
| Government License # _____             |                   |
| Audit Coordinator _____                |                   |
| Address _____                          |                   |
| City _____                             | State _____       |
| Country _____                          | Postal Code _____ |
| Telephone _____                        | Telefax _____     |
| Email _____                            |                   |

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

Corporate Ownership Information

|                |       |
|----------------|-------|
| Corporate Name | _____ |
| Contact Name   | _____ |
| Address        | _____ |
| City           | _____ |
| State/Province | _____ |
| Postal Code    | _____ |
| Country        | _____ |
| Telephone      | _____ |
| Telefax        | _____ |
| E-Mail         | _____ |



Application for \_\_\_\_\_  
(Facility Name)

QSEAL Code \_\_\_\_\_

1) The facility will be available for audit on or after: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)

2) Application must be submitted with the appropriate fee:

**Certification Fees - Each Facility - year \_\_\_\_:**

PPTA Member           \$14,000 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  
Telephone: (202) 789-3100 / Telefax: (410) 263-2298**

Application for \_\_\_\_\_  
(Facility Name)

QSEAL Code \_\_\_\_\_