**CERTIFICACIÓN DEL PROTOCOLO DEL SISTEMA DE GESTION DE CALIDAD *BIENESTAR ANIMAL***

**FORMULARIO DE APLICACIÓN**

Por favor complete y firme este formulario de la forma más completa posible y devuélvala a su oficina local de Control Union. De este modo podremos proveerles una oferta y discutir la mejor manera de evaluar su(s) Establecimiento(s).

**1. Información del Cliente:**

|  |  |
| --- | --- |
| **NOMBRE DE LA COMPAÑIA** *(por favor utilice el nombre completo de la compañía ej. Ltd., Inc., S.A.C., S.A., S.R.L., B.V.)* |  |
| **DIRECCIÓN:** *(Calle, código postal, ciudad, provincia, país, casilla de correo)* |  |
| **CUIT:** |  |
| **REPRESENTANTE LEGAL:** *(Nombre de la persona y función)* |  |
| **PERSONA DE CONTACTO:** *(Completar en caso de ser alguien distinto del Representante Legal)* |  |
| **NÚMERO DE TELÉFONO:** |  |
| **DIRECCIÓN DE CORREO ELECTRÓNICO:** |  |

**2. Aplicación para la Certificación de CU (Marcar X según corresponda)**

|  |  |
| --- | --- |
|  | Auditoría de Certificación Inicial |
|  | Auditoria de Seguimiento |

**3. Tipo de actividad/Producción (Marcar X según corresponda)**

|  |  |
| --- | --- |
|  | Cría |
|  | Engorde a campo |
|  | Engorde Feedlot |
|  | Tambo |

**4. Establecimientos a ser incluidos en la auditoría:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nombre del establecimiento** | **Dirección Completa** | **Arrendado (A) / Propio (P)** | **Nombre del responsable** | **Hectáreas totales** | **Hectáreas totales de producción a certificar** | **Cantidad de Animales** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5. Comentarios adicionales de la compañía solicitante**

|  |
| --- |
|  |

**6. Firma**

Entiendo que la información suministrada en esta aplicación es considerada información no-confidencial y que parte de ella podrá ser incluida en el sitio web de Control Union junto con partes del reporte de evaluación final.

|  |  |
| --- | --- |
| Nombre del responsable: |  |
| REPRESENTANTE LEGAL: |  |
| FIRMA / FECHA: |  |

**Control Union Argentina S.A.**

Valentín Virasoro 2669 2P B1643 HCZ Beccar, Bs As, Argentina

[certifications.arg@controlunion.com](mailto:certifications.arg@controlunion.com)

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