



NORTH AMERICAN PACKERS
True Source Certified®
Registration Form



The information on this form is confidential and will only be shared between the packer and NSF. The information will strictly be used by the NSF auditor for the origin traceability audit.

GENERAL INFORMATION

Company Name:

Street Name & Number (If applicable):

PO Box (If applicable):

City / Town:

State / Province:

Zip / Postal Code:

Country:

Phone Number:

Fax Number:

Primary Contact:

Email Address:

Website:

Number of Years in Business:



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VOLUME

Volume of honey processed / handled during the last calendar year:

PURCHASING METHODS

	Quantity Purchased During Previous Year (Jan-Dec) (lbs)
Direct Purchases From Beekeepers *	
Purchases from Importers	
Direct Purchases from Foreign Exporters	
Direct Purchases from Foreign Beekeepers	
Other (Describe)	
TOTAL	0.00

* Primary producer with direct ownership or control of honey production (Hives)



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ALL HONEY INVENTORY LOCATIONS

List the full address of all honey storage locations (warehouses, processing plants, other storage locations, etc).

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

PROCESSING

Describe in detail each step of your processing method or production procedures from receipt of raw material to shipment of finished product to customers. You can also supply a flow chart. Include a map or diagram of processing facilities that identifies activities and process flow.



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TRACEABILITY

Explain your origin traceability system (books of records, explanation of marking codes etc.). You can also supply a flow chart. You must demonstrate your ability to track and identify all raw materials throughout your processing system. **Do not explain quality controls.**

AUDIT PREPARATION

On the day of the audit, be prepared to supply:

- Current pounds of raw honey in inventory
- Itemized list of loads in inventory
- Classification status of each load in inventory (Fully, Minimally or Non-Compliant)
- List of loads purchased year to date and year prior if applicable
- Complete supplier list that includes domestic beekeepers, importers, exporters with volume of trade for current year to date and year prior.



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SIGNATURE

I certify that the information presented in this document is accurate to the best of my knowledge and is applicable to the conduct of the business of the company. I am a duly authorized representative of the company and declare the intent of the company to pursue certification to the True Source Certified standards of sourcing and origin traceability. I understand and agree that any rights of trademark use are prohibited until the company has achieved full certification and the rights and benefits associated with said full certification. It is understood that all information supplied on this document is confidential between the undersigned and NSF.

I understand that this is a voluntary program and that the laws of the destination country define all legal matters of that country. True Source Certified is not an enforcement association but a program designed to improve the integrity of the world honey industry.

Signature:

Title:

Date:

Note: Please email or fax the registration form to NSF office:
tsh@nsf.org
Fax: 734-827-7771

DO NOT SEND PAYMENT OF TRUE SOURCE ANNUAL FEES with this Registration Form.
Upon successful completion of the audit, the audit firm will then notify True Source.
True Source will then issue an invoice for its annual fee.