



## Quality Standards of Excellence, Assurance and Leadership QSEAL Certification AUDIT APPLICATION FORM

## - Recertification -

For the Facility Being Audited:		
Fractionation Facility Name		
Government License #		
Address		
City		
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		





Fractionation Facility Name:	
• •	••••
Read and sign:	
I certify that to the best of my kr application is complete and accurate.	nowledge the information contained in this
ensure adherence to the PPTA Volu Board of Directors. There are not, at the	this facility has implemented procedures to untary Standards as approved by the PPTA the time of this application, any governmental prevent normal manufacturing operations of
voluntary and subject to adherence the programme at anytime by noti	PPTA Certification programme is completely to all PPTA standards. I may withdraw from fying the PPTA Office or have my PPTA e facility is found not to adhere to the PPTA
Signature	Date
Type or Print Name/Title	

Return completed form, fee and necessary attachments to:

QSEAL RECERTIFICATION
PPTA/Michelle Mason
147 Old Solomons Island Road Suite 100
Annapolis, MD 21401
Telephone: (202) 789-3100 / Telefax: (410) 263-2298