



Salt Association Assurance Scheme (SaltAS)

Application Form

Company Name	Contact Name	
Company Address	Tel	
	Fax	
	Mobile	
	Email	
Post Code:		
Operational Site address (if different from above)		
Post Code:		
Tick all that apply		Office use
Which type of products do you deal with?		
De-icing salt _____		
Edible salt _____		
Industrial salt _____		
Water-softening salt _____		
Other _____		
Which of the following activities do you carry out?		
Processing _____		
Storage _____		
Packaging _____		
Haulage _____		
Other _____		
Number of Sites to be included within the certification _____ (Please list sites and site activities on page 2)		
Existing Approvals - Please list current approvals and the Audit Bodies that you use;		
BRC	ISO 9001	
FEMAS / UFAS	ISO 22000	
TASCC	Other	
FIAS		
Please indicate if you wish one of these Audit Bodies to carry out your SaltAS assessment at the same time as your other approval audits <input type="checkbox"/> Yes <input type="checkbox"/> No PAI will liaise with you over the appointment of the Audit Body.		

Site Address	Activities

I expect to be ready for my Assessment during (month/year)

(Note- You must have an audit within 6 months of issue of a formal quotation)

Based on the information provided in this Application Form, PAI will send a Quotation with details of the audit/certification and SaltAS Registration fees. I understand that, if we proceed to participation in the SaltAS Scheme, we must pay the SaltAS Registration Fee and the audit/certification fee.

Signed _____ Position _____ Date _____

Please complete and return to PAI Ltd, The Inspire, Hornbeam Park, Harrogate HG2 8PA

Details of the SaltAS Scheme can be found on the Salt Association web site at:

www.saltassociation.co.uk

OFFICE USE ONLY Client Code: Allocated to:	Proposal Set Up: Allocated time: Fee:
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