



## RENEWAL APPLICATION FOR TRSA HYGIENICALLY CLEAN CERTIFICATION HEALTHCARE

### APPLICATION PROCESS

1. Complete the company information section below.
2. Determine the appropriate Application Fee based on whether the company is a member/non-member.
3. Record the correct Application Fee Amount Due on page two.
4. Submit a copy of this Application Form with payment to TRSA by check or Credit Card.
5. Download a copy of the Hygienically Clean Healthcare Standard from the Hygienically Clean website ([www.hygienicallyclean.org](http://www.hygienicallyclean.org)).
6. After TRSA receives this application and payment of the application fee, and you are sure each plant meets the certification requirements outlined in the respective hygienically clean certification program, please contact TRSA to schedule an inspection.
7. After an inspection by a TRSA representative confirms compliance with Hygienically Clean Certification Healthcare requirements, the plant will be certified.

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

| HYGIENICALLY CLEAN PROGRAM FEES   |                             |                             |
|---|-----------------------------|-----------------------------|
| <b>Application Fee</b><br># of plants applying for certification: _____     | <b>Member:</b>              | <b>\$ 1,800</b>             |
|   | <b>Non-member:</b>          | <b>\$ 3,600</b>             |
| <b>Certification Fee (3-years, per plant)</b><br><b>(1/3 paid annually)</b> | <b>Member:</b>              | <b>\$ 3,000</b>             |
|   | <b>Non-member:</b>          | <b>\$ 6,000</b>             |
| <b>Inspection Fees (3-years, per plant)</b>                                 | <b>Member:</b>              | <b>\$ 1,800<sup>1</sup></b> |
|   | <b>Non-member:</b>          | <b>\$ 3,600<sup>1</sup></b> |
| <b>Re-inspection Fees</b>   | <b>Member:</b>              | <b>\$ 1,800<sup>1</sup></b> |
|   | <b>Non-member:</b>          | <b>\$ 3,600<sup>1</sup></b> |
| <b>Microbiological Testing</b>  | <b>Laboratory Dependent</b> |                             |

<sup>1</sup>Does not include inspector's cost for travel, which is billed separately based on actual costs.

Company: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**INDEMNIFICATION NOTICE**

Applicant shall indemnify and hold harmless TRSA, its officers, directors, members, and employees against any and all suits, actions, claims, damages, losses, liabilities, judgments, awards and costs (including reasonable legal fees and expenses), that may be sustained or incurred by, relating to, arising out of or resulting from any acts or omissions of applicant in connection with its use of the Hygienically Clean trademark or certification program, or its violation or breach of any term or requirement of this Contract.

**CONFIDENTIALITY STATEMENT**

Information included in this application is strictly confidential. All information submitted on the application and in conjunction with the application will be held confidentially by TRSA and will not be disclosed to any third party without written consent of the Applicant. Access to the Application and all associated data will be restricted to personnel who need the information in order to fulfill the certification requirements.

**Media Notification:** TRSA reserves to right to announce the acquisition of certifications to the laundry industry and media outlets via press releases, website updates, weekly newsletters and or *Textile Services Magazine*.

**CONFLICT OF INTEREST STATEMENT**

It is TRSA policy that employees of TRSA must be free from conflicts of interest that could adversely influence their judgment, objectivity or loyalty to TRSA in conducting TRSA business activities. TRSA recognizes that employees may take part in legitimate financial, business, charitable and other activities outside their jobs, but any potential conflict of interest raised by those activities must be disclosed promptly to TRSA management.

I certify that all information provided in this application is accurate and represents a true picture of our company’s operating facilities. I have read the indemnification notice, confidentiality statement, and conflict of interest statement above and have the authority to agree to these provisions.

|                 |                       |
|-----------------|-----------------------|
| _____<br>Signed | _____<br>Printed Name |
| _____<br>Date   | _____<br>Title        |

**PAYMENT OF APPLICATION FEE**

Application Fee Amount Due: \$ \_\_\_\_\_  Application fee paid on another application

Check Enclosed                      Credit Card Type:  VISA    MasterCard    AMX    Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Full payment of the Application Fee must be paid with submission of this application. Full payment of the certification fee for all plants must be paid before a company is certified as complying with the requirements for Hygienically Clean Healthcare Certification. Inspection fees must be paid before facility inspections are conducted. Inspector’s travel costs are billed separately, based on actual cost, after completion of the inspection.

Please send application and payment by e-mail, [afreeman@trsa.org](mailto:afreeman@trsa.org), fax, U.S. Postal Service, or other forms of delivery service. (rev. 06/20)