



APPLICATION – Multiple Programs TRSA Hygienically Clean Certifications

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 Standard that your plant will be certified to (Hygienically Clean Healthcare, Hygienically Clean Hospitality, Hygienically Clean Food Safety or Hygienically Clean Food Service) from the Hygienically Clean website (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 the appropriate Hygienically Clean Certification requirements, the plant will be certified.

Company Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact Person: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

Hygienically Clean Programs: Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Food Safety <input type="checkbox"/> Food Service <input type="checkbox"/>								
Hygienically Clean Program Fees		Program 1	Program 2	Program 3	Program 4	Total	# of Plants Applying	Sum Total
Applicaton Fees	Member:	\$1,800	\$900	\$900	\$900		X =	
	Non-member:	\$3,600	\$1,800	\$1,800	\$1,800		X =	
Certification Fees (3-years, per plant) (1/3 paid annually)	Member:	\$3,000	\$3,000	\$3,000	\$3,000		X =	
	Non-member:	\$6,000	\$6,000	\$6,000	\$6,000		X =	
Inspection Fees ¹ (3-years, per plant)	Member:	\$1,800	\$900	\$900	\$900		X =	
	Non-member:	\$3,600	\$1,800	\$1,800	\$1,800		X =	
Re-inspection Fees ¹	Member:	\$1,800	\$900	\$900	\$900		X =	
	Non-member:	\$3,600	\$1,800	\$1,800	\$1,800		X =	

¹Does not include inspector's cost for travel, which is billed separately based on actual costs.
Microbiological Testing price is dependent upon the laboratory.

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 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.

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.

Signed

Printed Name

Date

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 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, fax, U.S. Postal Service, or other forms of delivery service. (rev. 06/20)