

**APPLICATION FOR  
GEORGIA FOOD SAFETY  
GOOD AGRICULTURAL PRACTICES (GAP) PROGRAM**

**Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Cellular Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Please check below signifying you agree to all Terms and Conditions of this agreement.

\_\_\_\_\_ I have read the GAP Program Standards, Requirements and Administrative procedures.

\_\_\_\_\_ I agree to abide by all GAP Program Standards, Requirements and Administrative procedures.

\_\_\_\_\_ I agree it is my responsibility to notify inspectors or other persons of re-entry intervals for crop treated with pesticides.

\_\_\_\_\_ I agree that any known area of non-compliance to the GAP Program Standards in my operation will be brought to the attention of the inspectors or other GAP representatives before the audit.

\_\_\_\_\_ I agree that no GAP program staff member, inspector, board of directors, committee member, officer may be held liable or responsible for any amount in excess of the administrative fees paid. Any monetary claim arising out of or relating to the administration of the program will be settled by arbitration. The GAP committee will choose a representative, the person making the claim will choose a representative, and the two representatives will choose a third party for arbitration. The decision will be final.

Signature of applicant: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

(continue on next page)

**GAP APPLICATION**

Grower Last Name: \_\_\_\_\_

**CATEGORIES & FEES**

For Georgia Food Safety – GAP Program

Please check the appropriate fee level and structure for your operation:

1. \_\_\_\_\_ Farm and Packing Facility:\* \$1400 per audit plus mileage from the nearest inspector or GCIA office, whichever is less. A farm is one operation within a 25 mile radius of the headquarters or packing facility.
2. \_\_\_\_\_ Packing Facility: \$850 per audit plus mileage from the nearest inspector or GCIA office, whichever is less.
3. \_\_\_\_\_ Grower, Harvest, Field Pack Inspection: \$250 plus \$2 per acre plus mileage from the nearest inspector or GCIA office, whichever is less. This inspection is required for an operation without a packing facility. Number of acres in the program \_\_\_\_\_.

\* To use the GAP seal on produce the farm and packing facility audit is required.

**TOTAL DUE \$** \_\_\_\_\_

**\*\*\*\* RETURN COMPLETED FORM AND CHECK ( made payable to GCIA) TO:**

**Georgia Food Safety-GAP Program  
GFVGA  
P.O. Box 2945  
LaGrange, GA 30241**