

BQ-9000 Application Package

BQ-9000 APPLICATION FORM

Company Name: _____

Is your facility a subsidiary of another company?

Yes No

If "Yes" please identify the parent organization: _____

Mailing Address: _____

Contact Person: _____

Telephone: _____

Fax: _____

E-mail: _____

Type of accreditation sought (circle as applicable):

Accredited Producer

Certified Marketer

Both

Please indicate the locations of all facilities or sites where the BQ-9000 program will apply. Include physical addresses.

Please provide a description of all products and services that are provided by your organization which are related to this quality program:

Please submit a complete copy of your Quality Manual and all related documents, which describe your Quality System.

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"I and my company waive and release the Commission and the National Biodiesel Board, and their commissioners, directors, officers and agents from any and all claims we may have as a result of or in connection with this application, any audits or examinations conducted by the Commission which we agree to undergo, the results thereof given by the Auditor and decisions of the Commission based thereon, including if applicable, the failure of the Commission to issue an accreditation or certification, or the Commission's revocation of any certification or accreditation previously issued to my company. It is understood that the decision as to whether my company qualifies for a certificate vests solely and exclusively in the Commission and that its decision is final."

Signature: _____ Date: _____

Applications are to be submitted to:
(Application and Audit fees must accompany form)

National Biodiesel Accreditation Commission
P.O. Box 104898
Jefferson City, Missouri 65110-4898
(573) 635-3893.