



CloverLeaf Animal Welfare Systems

3805 Oakland Ave. Ste 101D Saint Joseph, MO 64506 USA

PROPOSITION 12 ANIMAL CONFINEMENT CERTIFICATION APPLICATION

CLOVERLEAF USE ONLY			
SELF-CERT REC.	PREV. CERT	PREV. CAS/DN	APPROVAL STATUS

Submit a completed application via email only. Info@cloverleafaws.com
 If unable to email, reach out to us at +1-816-646-4005 or +1-785-313-3994.

Application/Request Type (Check One):			
New Certification		Certification Renewal	Update Information

Business Information				
Business Name:	Business Phone:	Business Email:	Zip Code (If App):	Country:
Physical Address:	City:	State:	Zip Code (If App):	Country:
Mailing Address (If different from above):	City:	State:	Zip Code (If App):	Country:

Name of Person(s) Responsible for Application and Operations:		
Primary Contact Name:	Phone Number (With Country Code if Outside USA):	Email Address:
Additional Contact Name (Optional):	Phone Number (With Country Code if Outside USA):	Email Address:
Preferred Language: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE		

Previous Application and Certification Status	
Have you previous applied to another Certifying Agency? <i>**If Yes, complete the following questions. If No, skip to the next section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what year: _____
What is the business name of the previous Certifying Agent?	
What was the outcome? <i>*Attach copy of previous approval, denial, non-compliance, or revocation that was issued.</i>	<input type="checkbox"/> Approved <input type="checkbox"/> Non-Compliance Received <input type="checkbox"/> Denied <input type="checkbox"/> Revocation of Certification
If applicable, describe action(s) and taken to correct non-compliance <i>*Attach evidence</i>	
Provide any additional information you feel is important.	



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Operation Type and Number of Facilities (select all that apply)			
EGG-LAYING HENS		VEAL CALVES	
		BREEDING PIGS	
			DISTRIBUTOR OPERATIONS
Number of Facilities/Sites to Certify:			
EGG-LAYING HENS		VEAL CALVES	
		BREEDING PIGS	
			DISTRIBUTOR OPERATIONS
Site addresses and enclosure information for each location. (If more than 4, please use Annex 1 to add more)			
Site 1	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address		City, State, Zip, Country
			# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site 2	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address		City, State, Zip, Country
			# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site 3	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address		City, State, Zip, Country
			# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site 4	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address		City, State, Zip, Country
			# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each



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Split Operation Management

Describe the management practices, physical barriers, and standard operating procedures established to prevent commingling of covered animals or covered products if the facility is a split operation.

Certification Renewal

If applying for a Certification Renewal: Provide a summary statement supported by documentation detailing any and all deviations from, or changes to, information submitted on the previous year's application. If no changes from previous year, state that no changes occurred.

I acknowledge that by applying for Proposition 12 Animal Confinement Certification, I agree to the following:

- To allow access to all production and/or distribution operational areas and offices during normal business hours for on-site evaluation, including review and copying of records.
- To allow access to containers, labels, labeling, invoices, documents of title, and bills of lading used in the handling, storage, packaging, sale, transportation, or distribution of covered products in California.
- To notify CloverLeaf Animal Welfare Systems, the certifying agent, within 5 business days concerning any change in a certified operation or any portion of a certified operation that may affect its compliance.
- The application for certification submitted by the company is complete and accurate pursuant to the requirements of the Act.
- I understand that I may request a voluntary self-assessment form prior to on-site assessment and certification.

Name: _____

Signature: _____

Date: _____



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ANNEX 1 (Optional, only fill out and include if needed)

Business Name: _____ Primary Address: _____

Site ____	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address	City, State, Zip, Country	# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site ____	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address	City, State, Zip, Country	# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site ____	Operation Type: _____ Is this a split operation? Yes ___ No ___		
	Address	City, State, Zip, Country	# Covered Animals/ Products
	Description of Enclosure System		
	# of enclosures	Size of Enclosures	Max # animals in each
Site ____	Operation Type: _____ Is this a split operation? Yes ___ No ___		
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