

APPLICANT NAME:  
APPLICANT E-MAIL:

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**APPLICANT SPONSOR**

As per section 2.8 of the Criteria for SQF Trainers, Each applicant shall be sponsored by one (1) person who has a food industry business relationship with the applicant. The sponsor must have evidence and/or personal knowledge of the relevant information contained within the application.

**SPONSOR INFORMATION**

FULL NAME: \_\_\_\_\_

RELATIONSHIP  
TO APPLICANT: \_\_\_\_\_

BUSINESS  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_