

QUALITY CERTIFICATION FORM

This form is designed to describe and further prove the quality of the products being marketed and sold under **Causeni Agri-Hub quality certification** for unique and local products.



The decision of granting the certificate depends on the Incubator Director.

Please fill the data in the tables below (each field up to 500-600 characters):

Name and Surname:	
Contact data (phone number, email address):	
Name and address of the company/registered entrepreneurship:	
Product:	

Form created under project **Causeni Agri-Hub: Community Cooling and Processing Infrastructure**



Co-funded by
the European Union



Polish aid



1. Please provide product description (type, variety, etc.):	
2. Is the raw material cultivated locally (please specify the region)?	
3. Farmed/ cultivated area size	
4. Average production size	
5. Since when do you cultivate your product (and process, in case of processed products)?	
6. Describe how you process your products, which methods do you use?	
7. Are these traditional processing techniques? How do you know them? (From previous generation, family members? Share your story!)	
8. Do you use any old/native varieties of crops?	

9. What are the water sources for watering your farm?	
10. What type of fertilisers do you use?	
11. Information on products used for pest prevention and control	
12. What do you use for preserving your product? (If applicable)	
13. Do you use any artificial additives/colouring/taste enhancers to your product? (If yes, please describe)	
14. Is your product processed locally? (If applicable/ in case of processed product)	
15. If you have a company, is it a family business?	
16. What are the main targets of your sales? (Direct sales, small/local markets, discount markets? etc.)	

17. Optimal storage conditions of the product and longevity of its shelf life	
18. What types of materials do you use for packaging?	
19. Do you have access/ permission to sell your product(s) on the EU market?	
20. Do you have any other certifications/ labels etc. granted? (If yes, please mention them)	

Date, place, signature:

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