

ALTERNATE AUTHORIZATION FORM

I, _____ authorize _____,
Grower Name Alternate's Name

to speak on my behalf and to answer questions regarding my operation on a GAPC Assessment or GAPC Certification Audit conducted by a third-party and/or GAP Connections.

I waive any objections to the results of such audit based on the responses provided by my designated representative.

I authorize and consent to allow the third-party auditor and GAP Connections to discuss my results of the GAPC Assessment or GAPC Certification Audit with the above named representative.

I also understand and agree that this authorization shall be operative and continue unless I notify GAP Connections and revoke this authorization.

Grower Signature

Date

Grower Name Printed

Grower ID Number

Grower Date of Birth