



Request for Certification Audit Form

Site Information: Please Print	
Company Name:	Date:
Representative Name:	
Title/Position:	
Street:	City:
Province:	Postal Code:
Phone Number: ()	
Toll Free Number:	
E-mail:	Website:
Facility Square Footage:	

Cleaning Service Provider Information: Please Print	
Company Name:	
Representative Name:	
Title/Position:	
Street:	City:
Province:	Postal Code:
Phone Number: ()	
Toll Free Number:	
E-Mail:	Website:

Note: All information provided is for Franken LeDrew Consulting's use only and will be kept confidential.

Please send a cheque in the appropriate amount, payable to Franken LeDrew Consulting, with this form. You can determine the appropriate fee under the Auditing Costs heading, in the Fees Tab on our web site.

Franken LeDrew Consulting reserves the right to ask for proof of the facility square footage, submitted on this form.