



## TRSA Hygienically Clean Certification Plant Transference Program

### Overview

The Hygienically Clean Certification Plant Transference Program is available to companies that purchase a Hygienically Clean certified facility and wishes to maintain the Hygienically Clean certification for the remainder of the certification period. The new owner will be responsible for all fees associated, as detailed in the Hygienically Clean Certification Plant Transference Application.

### Requirements

To maintain the Hygienically Clean certification, the new owner must:

1. Submit the Hygienically Clean Certification Plant Transference application for the applicable program(s) within three months of acquisition.
2. Submit samples for testing in accordance with the quarterly sample testing schedule for the remainder of the current certification period.
3. Have the facility inspected within six months of acquisition.

### Inspection Process

The plant transference inspection process confirms the laundry's dedication to compliance and processing using best management practices (BMPs) per the Hygienically Clean standard and ensures a complete transfer of Standard Operating Procedures (SOPs) from the previous owner. This inspection will include:

1. Verification of completion of the TRSA Hygienically Clean e-Learning course
2. A tour of the facility
3. Verification of proper signage under new ownership
4. Review of the Quality Assurance (QA) Manual under new ownership
5. Sample collections to be submitted for testing

### Certification Process

Once the requirements for the plant transference program are met, a new certificate displaying the new ownership will be awarded for the remainder of the certification period.



# TRSA Hygienically Clean Certification Plant Transference Program Application

## Important Information

Please reference the *TRSA Hygienically Clean Certification Plant Transference Program* document while completing this application. **Please complete all sections in its entirety.**

## Section I: General Information

Certification:  Healthcare  Food Safety  Food Service  Hospitality

Company Name (under new ownership): \_\_\_\_\_

Previous Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact's Email: \_\_\_\_\_

On-site Contact (if different than primary contact): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ On-site Contact's Email: \_\_\_\_\_

Billing Address: (if different than physical address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Contact's Email: \_\_\_\_\_

Offsite Depot:  Yes  No

If yes, please indicate number of depots: \_\_\_\_\_

Please complete depot information in Section XI.

## Section II: Hygienically Clean Program Fees

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<b>Application Fee</b> # of plants applying for certification: _____	<b>Member:</b> <b>Non-member:</b>	<b>\$ 1,800</b> <b>\$ 3,600</b>
<b>Certification Fee (3-years, per plant)<sup>1</sup></b> <b>(Paid in annual installments over three years)</b>	<b>Member:</b> <b>Non-member:</b>	<b>\$ 3,000</b> <b>\$ 6,000</b>
<b>Inspection Fee<sup>2</sup></b>	<b>Member:</b> <b>Non-member:</b>	<b>\$ 2,200</b> <b>\$ 4,400</b>
<b>Reinspection Fee<sup>2</sup></b>	<b>Member:</b> <b>Non-member:</b>	<b>\$ 2,200</b> <b>\$ 4,400</b>
<b>Depot Inspection Fee<sup>2</sup></b> # of depots applying for certification: _____	<b>Member:</b> <b>Non-member:</b>	<b>\$ 1,300</b> <b>\$ 2,600</b>
<b>Microbiological Testing</b>	<b>Laboratory Dependent</b>	

<sup>1</sup>TRSA will confirm cost, based upon previous companies' certification

<sup>2</sup>Does not include inspector's cost for travel, which is billed separately based on actual costs.

## Section III: Indemnification Notice

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Applicant shall indemnify and hold harmless TRSA, its officers, directors, members, and employees against any and all suits, actions, claims, damages, losses, liabilities, judgments, awards and costs (including reasonable legal fees and expenses), that may be sustained or incurred by, relating to, arising out of or resulting from any acts or omissions of applicant in connection with its use of the Hygienically Clean trademark or certification program, or its violation or breach of any term or requirement of this Contract.

## Section IV: Confidentiality Statement

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Information included in this application is strictly confidential. All information submitted on the application and in conjunction with the application will be held confidentially by TRSA and will not be disclosed to any third party without written consent of the Applicant. Access to the Application and all associated data will be restricted to personnel who need the information in order to fulfill the certification requirements.

## Section V: Media Notification

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TRSA reserves to right to announce the acquisition of certifications to the laundry industry and media outlets via press releases, website updates, weekly newsletters and or *Textile Services Magazine*.

## Section VI: Conflict of Interest Statement

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It is TRSA policy that employees of TRSA must be free from conflicts of interest that could adversely influence their judgment, objectivity or loyalty to TRSA in conducting TRSA business activities. TRSA recognizes that employees may take part in legitimate financial, business, charitable and other activities outside their jobs, but any potential conflict of interest raised by those activities must be disclosed promptly to TRSA management.

## Section VII: Inspection Cancellations

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Inspections cancelled less than 14 days from the date of inspection will be subjected to all inspector's cost for travel, which will be billed separately based on actual costs.

## Section VIII: Payment Information

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Application & Inspection Fees Amount Due: \$ \_\_\_\_\_  Fees paid on another application  
 Check Enclosed      Credit Card Type:  VISA  MasterCard  AMEX  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section IX: Payment Schedule

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Fee Type	Explanation
Application Fee(s)	Full payment must be received with your application
Inspection Fee(s)	Full payment must be received with your application
Inspector Costs	Invoiced separately, based on actual cost, after completion of inspection
Certification Fee(s)	Paid annually in installments over a three-year period; TRSA will confirm actual remaining balance based upon previous companies' certification.

## Section X: Application Submission

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Applications may be mailed, courier serviced, emailed or faxed to TRSA. **For your security, if emailing and paying by credit card, please call us with your credit card information or password protect your document.**

## Section XI: Depot Information

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Please complete the following information for all depots. If necessary, you may list on a separate sheet.

Depot #1 Address: \_\_\_\_\_

Mileage from Physical Location: \_\_\_\_\_

Depot #2 Address: \_\_\_\_\_

Mileage from Physical Location: \_\_\_\_\_

Depot #3 Address: \_\_\_\_\_

Mileage from Physical Location: \_\_\_\_\_

## Section XII: Authorization and Signature

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\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_





## TRSA Hygienically Clean Certification Multiple Programs Plant Transference Application

### Important Information

Please reference the *TRSA Hygienically Clean Certification Plant Transference Program* document while completing this application. **Please complete all sections in their entirety.**

### Section I: General Information

Company Name (under new ownership): \_\_\_\_\_

Previous Company Name: \_\_\_\_\_

Plant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact's Email: \_\_\_\_\_

On-site Contact (if different than primary contact): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ On-site Contact's Email: \_\_\_\_\_

Billing Address: (if different than plant address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Billing Contact's Email: \_\_\_\_\_

Offsite Depot:  Yes  No

If yes, please indicate number of depots: \_\_\_\_\_

Please complete depot information in Section XI.

## Section II: Hygienically Clean Program Fees

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All fees for each certification program is outlined in the chart in Appendix I of this application. Please reference the chart for the applicable fees for your desired certification programs.

## Section III: Indemnification Notice

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Applicant shall indemnify and hold harmless TRSA, its officers, directors, members, and employees against any and all suits, actions, claims, damages, losses, liabilities, judgments, awards and costs (including reasonable legal fees and expenses), that may be sustained or incurred by, relating to, arising out of or resulting from any acts or omissions of applicant in connection with its use of the Hygienically Clean trademark or certification program, or its violation or breach of any term or requirement of this Contract.

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Inspections cancelled less than 14 days from the date of inspection will be subjected to all inspector's cost for travel, which will be billed separately based on actual costs.

## Section VIII: Payment Information

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Application & Inspection Fees Amount Due: \$ \_\_\_\_\_  Fees paid on another application

Check Enclosed      Credit Card Type:  VISA  MasterCard  AMEX  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV#: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section IX: Payment Schedule

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Fee Type	Explanation
<b>Application Fee(s)</b>	Full payment must be received with your application
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Mileage from Physical Location: \_\_\_\_\_

Depot #2 Address: \_\_\_\_\_

Mileage from Physical Location: \_\_\_\_\_

Depot #3 Address: \_\_\_\_\_

Mileage from Physical Location: \_\_\_\_\_

## Section XII: Authorization and Signature

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\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## Appendix 1: Hygienically Clean Program Fees Chart

Hygienically Clean Programs: <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Food Safety <input type="checkbox"/> Food Service								
Program Fees		Program 1	Program 2	Program 3	Program 4	Total	# of Plants Applying	Total Fees
<b>Application Fees</b>	Member:	\$1,800	\$900	\$900	\$900		X =	
	Non-member:	\$3,600	\$1,800	\$1,800	\$1,800		X =	
<b>Certification Fees<sup>1</sup> (3-years, per plant) (1/3 paid annually)</b>	Member:	\$3,000	\$3,000	\$3,000	\$3,000		X =	
	Non-member:	\$6,000	\$6,000	\$6,000	\$6,000		X =	
<b>Inspection Fees<sup>2</sup> (3-years, per plant)</b>	Member:	\$2,200	\$1,100	\$1,100	\$1,100		X =	
	Non-member:	\$4,400	\$2,200	\$2,200	\$2,200		X =	
<b>Reinspection Fees<sup>2</sup></b>	Member:	\$2,200	\$1,100	\$1,100	\$1,100		X =	
	Non-member:	\$4,400	\$2,200	\$2,200	\$2,200		X =	
<b>Depot Inspection Fee<sup>2</sup></b>	Member:	\$1,300	\$650	\$650	\$650		X =	
	Non-member:	\$2,600	\$1,300	\$1,300	\$1,300		X =	

<sup>1</sup>TRSA will confirm cost, based upon previous companies' certification

<sup>2</sup>Does not include inspector's cost for travel, which is billed separately based on actual costs.