**GLUTEN-FREE CERTIFICATION PROGRAM - TRADEMARK APPROVAL FORM**

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| **Please send this form along with your Schedule A and artwork in .PDF format, saved at 100% to:** [**labels@brcgs.com**](mailto:labels@brcgs.com) |

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| **Label Approval Submitted by:** | | **Product Manufacturing Site Information** | |
| **Company Name:** |  | **Company Name:** |  |
| **Contact Name:** |  | **Address Line 1:** |  |
| **Contact Phone:** |  | **Address Line 2:** |  |
| **Contact Email:** |  | **Postal/ZIP Code:** |  |
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| **Approval Checklist: Please complete before submission – refer to BRCGS’ Trademark Usage Guide** | |
| **1. Schedule A attached to email?** | **Yes  / No** |
| **2.** **Attached artwork saved at 100% and in .PDF?** | **Yes  / No** |
| **3. Gluten-Free Trademark(s) correct size?** | **Yes  / No** |
| **4. TM/MC used, and special character included? (e.g. \*,†,‡, etc)** | **Yes  / No** |
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| **Product Information** | | | **Trademark Used** | | |
| **Brand Name** | **UPC Number** | **Product Name** | **US** | **CAN** | **GF** |
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| **Comments:** | | | | | |

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| **The following section is to be completed by BRCGS.** |
| **This signed document serves as formal approval for the use of the trademark(s) indicated above.** |
| **Reviewer’s Name:** **Signature:** **Date:** |
| **Comments:** |