



**Preferred Supplier Other Products & Services Data Sheet (OPSDS)**

NASC established a **Preferred Supplier Program** for companies who wish to provide products and services to NASC member companies, including raw materials (ingredients), contract manufacturing (dosage form products and feed supplements), analytical laboratory services and other services such as insurance, business consulting, legal expertise, etc.

The goal of the program is to prequalify vendors so that NASC members may accept and use products or services from Preferred Suppliers without additional vendor qualification procedures required under NASC cGMPs.

There are four categories of **NASC Preferred Suppliers**: Raw Material Suppliers, Contract Manufacturers, Analytical Laboratories and Service Providers.

The qualification procedure includes providing information to NASC on the scope of company operations, quality compliance program certifications, statements and additional documentation specific to the type of supplier, e.g., data sheets for each ingredient a Raw Material Supplier would like to qualify and include in the program.

**Preferred Supplier Other Products & Services Data Sheet**

All Other Product & Service Providers must submit the information requested in this form as part of the qualification procedure for acceptance as a Preferred Supplier by NASC. Any fields not applicable to your company should be completed by entering N/A.

Please return copies of the requested certifications and the completed form electronically to Bill Parker at [b.parker@nasc.cc](mailto:b.parker@nasc.cc) or mail to:

NASC  
PO Box 5168  
Sun City West, AZ 85376

Contact Bill Parker at the NASC office (760-751-3360, X105) with any questions about the **Preferred Supplier Program**.



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**SECTION 1. COMPANY INFORMATION**

|                    |  |
|--------------------|--|
| COMPANY NAME:      | Professional Packaging Service LLC / Aspen Press |
| MAILING ADDRESS:   | 1192 E. Draper Parkway #345                      |
| CITY, STATE, ZIP:  | Draper, Utah 84020                               |
| WEB SITE:          | www.professionalpackagingservice.com             |
| YEARS ESTABLISHED: | 15   |

**SECTION 2. GENERAL QUESTIONS**

|  |  |
|--|--|
| LIST OF PRODUCTS & SERVICES:   | Flexible packaging, pouches, roll stock, stick and sachet film, shrink sleeves, flow wrap, labels and printed folding cartons. |
| NAME OF INDIVIDUAL FILLING OUT FORM:                                   | Mike Rino  |
| LIST OF INDUSTRIES YOUR COMPANY NORMALLY PROVIDES SERVICES FOR:        | Specialty food, supplement, cannabis, medical, food and drink.   |
| LIST ANY OTHER RELEVANT INFORMATION WE SHOULD TAKE INTO CONSIDERATION: | We offer all substrates including, recyclable & PCR film.  |

**SECTION 3. EVIDENCE OF COMPLIANCE**

|  |   |                              |
|--|---|------------------------------|
| LIST ANY CERTIFICATIONS YOU MIGHT HAVE (IF APPLICABLE):                  | GMP   |                              |
| ARE YOU INSPECTED BY ANY STATE, FEDERAL OR FOREIGN AGENCIES (YES OR NO): | No. We are audited by the GMP governing body.                             |                              |
| SPECIFY MOST RECENT INSPECTIONS BY STATE, FEDERAL OR FOREIGN AGENCIES:   | ASI LLC, cGMP - Packaging and Consumer Goods 1.1, AUDIT RATING: EXCELLENT |                              |
| DATE AND RESULTS OF INSPECTION:  |   |                              |
| <b>DATE</b>  | <b>INSPECTION AGENCY</b>  | <b>RESULTS OF INSPECTION</b> |
|  |   |                              |
|  |   |                              |
|  |   |                              |
| HOW OFTEN ARE YOUR AUDITED / INSPECTED:                                  | Once a year.  |                              |



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|                                 |  |
|---------------------------------|--|
| ATTACH CERTIFICATION DOCUMENTS: |  |
|---------------------------------|--|

**SECTION 4 SUPPORTING DOCUMENTATION**

**ATTACH ANY APPLICABLE DOCUMENTATION**

| <u>EXAMPLES:</u>                 | <u>ATTACHED: YES / NO / N-A</u> |
|----------------------------------|---------------------------------|
| • AUDIT CERTIFICATIONS:          |                                 |
| • FACILITY INSPECTION DOCUMENTS: |                                 |
| • OTHER:                         |                                 |

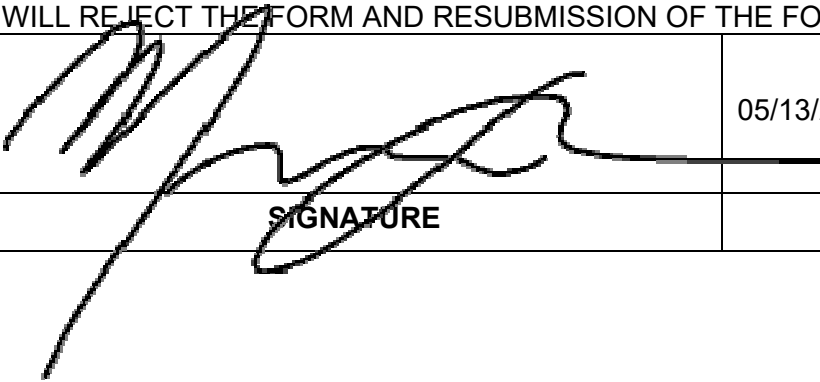
**SECTION 6. ADDITIONAL INFORMATION**

|                                    |  |
|------------------------------------|--|
| ADDITIONAL COMMENTS / INFORMATION: |  |
|------------------------------------|--|

**SECTION 7. CONTACT INFORMATION**

|               |              |
|---------------|--------------|
| CONTACT NAME: | Mike Rino    |
| TITLE:        | Owner        |
| OFFICE PHONE: | 801-748-2522 |
| OTHER PHONE:  | 801-647-2889 |
| E-MAIL;       |              |

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION GIVEN BY ME TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC), INC. IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION PROVIDED IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED.

|  |             |
|--|-------------|
|  | 05/13/24    |
| <b>SIGNATURE</b>   | <b>DATE</b> |