|  |
| --- |
|  |
|  |
|  |

**Application Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Name**: | | | | | | | |
| **Scope of Certification:** | | | | | | | |
| **Company Representative:** | | |  | | | | |
| **Telephone number:** | | |  | | | | |
| **VAT: VAT Office:** | | | | |  | | |
| **Address:** | | | | | | | |
| **Branch Addresses:** | | | | | | | |
| **Tel.:** |  | **e-mail:** | | | |  | |
| **Fax:** |  | **website:** | | | |  | |
| **Type of accommodation:**  **Number of personnel:** | | |  | **Number of rooms:**  **Working hours / Shifts:** | | |  |
| **Number of personnel per shifts:** | | |  | **Language of Communication / Documents:** | | |  |
| **Operating License:** YES  NO | | | | | | | |
| **Legislation / Regulations related to the service provided:** | | | | | | | |
| **Do you subcontract part or all of your process?**  YES  NO  If Yes, which processes and to which subcontractors (subcontractor name and activity): | | | | | | | |
| **Are you Certified in ISO Management Standards?** YES  NO  If Yes, to which Standards:: | | | | | | | |
| **Desired inspection date:** | | | | | | | |

|  |  |
| --- | --- |
| **Date** | **Signature / Stamp** |
|  |  |