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**Application Form**

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| **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** |
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