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|  | **AQS Certifications Services** |
| Application form for Certification |

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| **1.Application for Standard** | | | | | | |
| □ ISO 9001 QMS | □ ISO 14001 EMS | | □ ISO 45001 OHSAS | □ ISO 22000 FSMS | | □ISO 27001 ISMS |
| □ ISO 50001 | □ HACCP | | □ ISO 20000 ITSMS |  | |  |
| **2. Organization Information** | | | | | | |
| Name of Organization | |  | | | | |
| Address of Organization | |  | | | | |
| Organization Representative | |  | | Designation | |  |
| Management Representative | |  | | Designation | |  |
| Organization License Number/ CR Number | |  | | Number of Employees | |  |
| Contact No. : Telephone/Mobile | |  | | Contact No. : Fax | |  |
| Website of Organization | |  | | Email ID | |  |
| **3. Additional site details (if any), Which shall be covered under the same certification** | | | | | | |
| Address of Site | |  | | | | |
| Contact Person Name | |  | | Designation | |  |
| Number of Employees | |  | | Contact No. | |  |
| **4. Scope of the organization (Nature of the business of the organization)** | | | | | | |
|  | | | | | | |
| **I hear by confirm that the above information provided by me is true and correct, Kindly provide me the AQS Certifications proposal and terms & conditions for above required certification.** | | | | | | |
| **Date of Application** | | **Name of Applicant** | | | **Signature of Applicant** | |
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