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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)**  |
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|  **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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