**Application form**

**PRODUCT CERTIFICATION**

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| --- | --- |
| Company name: | Click or tap here to enter text. |
| **Legal address:** | Click or tap here to enter text. |
| **Correspondence address:** | Click or tap here to enter text. |
| **Contact details:**  a) Name and position | Click or tap here to enter text. |
| b) phone number | Click or tap here to enter text. |
| c) e-mail | Click or tap here to enter text. |
| d) requisites for contract, VAT number, bank account | Click or tap here to enter text. |
| e) authorized signatory (Name and position) | Click or tap here to enter text. |

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| **Please indicate the manufacturing sites to be included in the certification, including**  **central office** | | | |
| Adress of central office/branch | Activity/process/service carried out at this site | Number of employees | Separate legal entity |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |

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| **Please specify the company`s scope** |
|  |
| **Please specify the outsourced activities if any** |
|  |
| **Please provide a summary that describes the company`s operations** |
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| **Standard and product to be certified** | | **End use of the product and special required performance characteristics or classification** | |
| Choose an item. | | Click or tap here to enter text. | |
| |  |  | | --- | --- | | Choose an item. | Click or tap here to enter text. | | | |  |  | | --- | --- | | Click or tap here to enter text. | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
|  | |  | |
| **If applicable, Type testing (TT) reports number** | **Test standard** | | **Test Laboratory** | |
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| **Are you changing the certification body?** Choose an item. | |
| **Name of the certification body** | Click or tap here to enter text. |
| **Date of validity of the existing certificate** | Click or tap to enter a date. |
| **Date of the last certification/re-certification audit** | Click or tap to enter a date. |
| **Date of the last surveillance audit** | Click or tap to enter a date. |
| **Please indicate reasons why You are willing to change for BM Certification?** | Click or tap here to enter text. |
| **Is your organization certified for any other standard?** Choose an item. | |
| **Standard** | Click or tap here to enter text. |
| **Certification body** | Click or tap here to enter text. |
| **Additional information** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |
| **The applicant`s authorized representative`s signature** |  |