

# MEMBERSHIP APPLICATION



## 1. Organization Details

Company Name			
Head Office Address			
Manufacturing Facility Address			
Business Line	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Installer <input type="checkbox"/> Others, specify:
Telephone		Fax Number	
Contact Person		Position	
Mobile No.		Telephone	
Website		Email Address	

## 2. Details of all Sites to be included in the Certification and Activities

*(Site information/details shall be filled completely if you're applying for multisite certification)*

Location	Name (if not same as above) and Address	Product(s)	Total no. of Employees
Head Office			
Site 1			
Site 2			
Site 3			

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### 3. Additional Details *(Site information/details shall be filled completely if you're applying for multisite certification)*

Any legal obligations? <i>(details please)</i>	
Is there any subcontractor maintained? <i>(Specify the Company Name, Complete Address &amp; Scope pls.)</i>	
Is the company currently registered to BS EN ISO 9001 latest version? <i>(State the CB, cert no. and validity please)</i>	
If not BS EN ISO 9001 certified, has the established internal QMS documented and implemented?	
Do you require a pre-assessment visit to identify the possible gap in the QM system for product certification <i>(a cost borne visit)</i>	
Please state projected date when the initial certification takes place	
How did you hear about CCS?	

### 4. Technical Details

Product /Services Details <i>(E.g. product or service type, ratings or properties, etc)</i>	
Services Required	<input type="checkbox"/> Certification <input type="checkbox"/> Inspection <input type="checkbox"/> Others, specify:
Model Name/Code/Trade Name	
Product Sizes	
Is the product/service verified against national or international standards? <i>(Please state the reference standard)</i>	
If no, are you willing to test the product?	
If test is completed or willing to test the product, state the laboratory or preferred laboratory	
Is laboratory ISO-IEC 17025 accredited and Civil Defense approved laboratory?	

### 5. Confirmation of the information provided and CCS review

Confirmed by <i>(Authorized by the company)</i>	Name		Date	
	Position		Signature	
Reviewed by <i>(CCS only)</i>	Name		Date & Signature	
	Remarks:			

Note: Please return completed form and associated documentation **(Test Evidence, Company License, etc)** to: Conformity Certification Services  
P.O. Box 184968, Dubai, U.A.E. Tel: +9714-2399644 Fax: +9714-2399655 Email. [info@ccs-certification.com](mailto:info@ccs-certification.com) Web. [www.ccs-certification.com](http://www.ccs-certification.com)