Product Certification Application Form

|  |
| --- |
| General Guidelines  Please fill out all required fields in the application form  You can attach white papers to this form if the designated space is not sufficient  CAC is prepared to assist and guide you throughout filling this form, please don’t hesitate to contact us at  CAC-Royal Scientific Society.Tel:65344710 Ext. 2382. Fax:65344806 .P.O. Box 1438-Jubaiha 11941.Amman-Jordan.  It is preferable that you fill out this application form in English, nonetheless Arabic is accepted. |

**Details of Applicant:**

|  |  |
| --- | --- |
| Company name |  |
| Legal Status |  |
| Address |  |
| Web Site |  |
| Phone |  |
| Postal code |  |
| Fax |  |
| P.O. Box |  |

**Details of Contact Person:**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| E-mail |  |
| Phone |  |
| Fax |  |

**General Information about the Company:**

|  |  |
| --- | --- |
| Foundation Date |  |
| Number Of Employees |  |
| Range of Products |  |
| Management System certificates |  |
| laboratories and inspection facilities |  |
| Other Manufacturing Facilities |  |
| Commercial Legal Affiliations(Subsidiaries, parent companies) |  |

**Details of the Products to Be Certified:**

|  |  |
| --- | --- |
| Name of the product | Description and use of the product |
|  |  |
|  |  |
|  |  |

Are you aware of the standards that your product should comply with ?

Yes No

If Yes; please fill in the table below:

|  |  |  |
| --- | --- | --- |
| Document /Standard Number | Document/Standard Title | Date of Issue |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have any existing relationships with the Royal Scientific Society can be based on ownership, governance, management, personnel, shared resources, finance, contracts, marketing (including branding), and payment of a sales commission or other inducement for the referral of new client, etc?

Yes No

If Yes; please specify the type of relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had previous business relationships with the Royal Scientific Society regarding the product(s) you wish to certify?

Yes No

If yes; please fill in the table below:

|  |  |
| --- | --- |
| Type of business |  |
| The RSS centre(s) / department(s) which provided the service |  |
| The year of service provision |  |

Have you been informed about the general conditions for CAC as Certification Body?

Yes No

Please Enclose the Following Documents (Indicate the documents you provided with a tick)

|  |  |  |
| --- | --- | --- |
| Quality Manual | | Organizational Structure |
| Testing Reports | | Company Registration Certificate |
| Issued certificates | | Brief Description about the production process for the products to be certified. |
| I; the undersigned declare that I’m the authorized person, on behalf of the applicant company, to fill out and sign this application, and that all information I provided are correct. | | |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

Application No. : PR520/ / Application Date: / /

(Please do not write below this line) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

(To be filled by CAC personnel)

**Receiving Date: Received by:**

|  |  |
| --- | --- |
| **Decision on Application Review:** | |
| **Approved** | **Not approved** |

If not approved, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Application Reviewed And Approved By:** (Manager of Certification )   |  |  | | --- | --- | | **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |