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| --- |
| **To: The Central Organization for Standardization and Quality Control** |
| **Date of application:**  |       |
| **Applicant:** | **Name:**      **Address:**       |
| **Phone number:** |       |
| **Website:** |       |
| **Project Address:** |       |
| **Name, address, and title of quality responsible:** |       |
| **Name of product to be granted the quality mark:** |       |
| **Adopted quality standard :** |       |
| **Special requirements related to the product:** |       |
| **Type of services for use purpose (e.g. maintenance, setup, operation):** |       |
| **Date of approval of quality control system:** |       |
| **Date of approval of calibration system:** |       |
| **Are the requirements for application of the quality control system available:** |       |

**Name:**

**Signature:**       ****

**Date:**