|  |  |
| --- | --- |
| **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:**       **![A white square with a blue border

Description automatically generated]()**

**Date:**