|  |  |
| --- | --- |
| Applicant: | Name (Business name), Address |

|  |
| --- |
| Annex OA 6-1: Certification Body Certifying Products |

|  |  |
| --- | --- |
| Conformity Assessment Body: | Name, Address |

|  |  |
| --- | --- |
| **Certificate No.** (not required for Accreditation) | **Membership number of the registered SNAS member (only if registered)** |
|  |  |

## Specification of activity

**Table 1**

| **Group of products** | **Item** | **Product name** | Certification **schemes** | **Regulations, standards** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table 2**

| **Item** | **Name and address of workplace** | **Identification of activities** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

*Fill in the table according to MSA-CP/01.*

Statement

I hereby state that I am authorized to submit this application in the name of the organisation I represent and that information mentioned in it are true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Signature: |  | | |
| Name and surname: | | |  |
| Post: | |  | |