|  |  |
| --- | --- |
| Applicant: | **Name / Business name,** **Address** |

|  |
| --- |
| Annex OA 8-1. Part: Certification Body Certifying Persons |

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

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

## Specification of activities

**Table 1**

| **Item** | Activity type / category | Certification schemes | Regulations, standards |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Table 2**

| No | Name and address of workplace | Identification of activities |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

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

Statement

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

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