Applicant: Business name

Adress, Post code, City, IČO

Name of workplace 1, Adress, Post code, City[[1]](#endnote-1)

Name of workplace 2, Adress, Post code, City

Accreditation Certificate No.[[2]](#endnote-2)

## 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:

Name and surname:

Position:

1. *Workplaces of Certification Body, where certification activities are exercised (workplaces, where key activities are exercised, are marked with star)* [↑](#endnote-ref-1)
2. *Fill in only in the case of the application for reaccreditation or extension of accreditation* [↑](#endnote-ref-2)