

Application form for FOS Certification

- This application enables us to provide you with a proposal for registration to standard/s below specified
- Please complete and return to: info@certi-al.com or call +355692099001
- Certi AL provides FOS certification based on the accreditation given by the scheme owner

Company details

Name of Company:			
Address (inc. Country):			
Tel. (inc. Country code):		Mobile (inc. Country code):	
Name of contact:		Position:	
VAT Number:		Fiscal Code:	
Email address of the contact:		Caution this is the Email that will be used for all official communication.	

Type of certification requested

<input type="checkbox"/> Initial certification & certificate maintenance
<input type="checkbox"/> Recertification & certificate maintenance
<input type="checkbox"/> Certificate transfer & certificate maintenance In the event of transfer please provide relevant details and provide copy of the certificate
<input type="checkbox"/> Scope/site extension (or other changes to certificate)

Information related to certification

ACTIVITY	REFERENCE STANDARD
<input type="checkbox"/> Fishery	<input type="checkbox"/> FOS-Wild
<input type="checkbox"/> Aquaculture	<input type="checkbox"/> Inland farming / FOS-Aqua-Inland
	<input type="checkbox"/> Marine aquaculture / FOS-Aqua-Marine
	<input type="checkbox"/> Shellfish farms / FOS-Aqua-Shellfish
<input type="checkbox"/> Processing	<input type="checkbox"/> FOS-FF, FM, FO, O3 and CoC

REQUESTED CERTIFICATION APPLICATION FIELD

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PERSONNEL NUMBER DIVIDED IN SHIFTS

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OUTSOURCING

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SPECIFIC LAW IN FORCE IN THE STATE (please describe / put references)

SITES TO BE CERTIFIED

Is the Head Office a site to be certified?

OTHER SITES

Please detail all sites subject to certification (offices, plants, warehouses, etc.), if different from head office. Add rows to the table, if necessary.

	Site name	Site Address	Activities performed and species handled	FOS certified
1.				
2.				
3.				

FISHING FLEET – FOS WILD ONLY

Please provide relevant details pertaining the fleet to be included in the certification, including third party vessels. Vessels can be grouped by fishing gears/fishing area. Add rows to the table, if necessary. Please provide the attachment "FOS WILD Fleet Form" compiled in all applicable fields.

FAO Fishing area	Target species	Fishing gear	Ports of unload	No. of vessels

Are you using or contemplating the use of a consultant?	Yes		No	
If so, please name:				

What is your target date of registration? (or transfer of registration if already registered with another certification body):	
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THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS APPLICATION FORM

Privacy disclaimer: Our Company collects personally identifiable information from ours applicants and / or clients only on a voluntary basis.

Date	Stamp and signature
ATTENTION: IT IS NOT POSSIBLE TO ISSUE AN ECONOMIC PROPOSAL WITHOUT ATTACHING TO THE PRESENT UPDATED COMPANY REGISTRATION	