



Botswana Bureau of Standards

FORM C - APPLICATION FORM
SCHEDULE I (reg. 4 (2))
BOTSWANA BUREAU OF STANDARDS

Member of International Organization for Standardization (ISO)
Plot No. 55745, Main Airport Road, Block 8, Gaborone, Private Bag BO 48, Gaborone, Botswana
Tel: (+267) 3903200, Fax (+267) 390 3120, E-mail: info@hq.bobstandards.bw

All correspondence to be addressed to the Managing Director

Please complete and return to the Managing Director, BOBS

APPLICATION FOR RECOGNITION

We hereby apply for recognition in respect service described below.

1. Details of the Applicant

Registered Name of the Business:

Name of contact person:

Postal Address of the Business:

Physical Address of the Business:

.....

Telephone () Facsimile () Email:

2. Details of the Inspecting / Testing Facility

(Please tick appropriate box)

Nature of business:

Inspection Body

Testing facility

Both Inspection and Testing

Accreditation status:

Accredited

Not accredited

If accredited, accreditation body certificate number:

Validity of accreditation body certificate number:

PT Scheme status:

Participates

Does not participate

Applicant's name: Designation:
(Full name of a person authorised to make declaration on behalf of the company)

.....
(Signature of the applicant)

.....
(Date: year/month/day)