**Send by fax to: +49 3375 217459-19 or e-mail to: kundendienst@deuzert.de**

DeuZert® Deutsche Zertifizierung in Bildung und Wirtschaft GmbH

Hochschulring 2, 15745 Wildau near Berlin / Germany

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| **A. Type of application** |
|[ ]  Initial certification |
|[ ]  Change of a certification |
| **B. Organization headquarters** |
| **B.1 Contact details**  |
| Organization: |  |
| Street, number: |  |
| Postal Code, City: |  |
| Phone: |  | Fax: |  |
| Web: |  | E-mail: |  |
| **B.2 Billing address, if different** |
| Organization: |  |
| Street, number: |  |
| Postal Code, City: |  |
| Phone: |  | Fax: |  |
| **B.3 Point of contact** |
| Name: |  |
| Role: |  |
| Street, number: |  |
| Postal Code, City: |  |
| Phone: |  | Fax: |  |
| E-mail: |  |

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| **C. Information about the organization** |
| **Already existing relevant certifications**: |
| Standard | Certification body | Valid until |
| [ ]  ISO 29990:2010 |       |       |
| [ ]  ISO 9001:2015 |       |       |
| [ ]  ISO 21001:2018 |       |       |
| [ ]  Miscellaneous:       |       |       |
| ***Please, attach a copy of the current certificates if available.***  |
| **D. Requested certification of educational services** |
| Total number of educational services for which a certification is requested:***Please, fulfill the attached list of educational services.*** |  |
| 🡪 | Of which number of educational services in the industrial-technical sector:  |  |
| 🡪 | Of which number of educational services in the commercial sector:  |  |
| 🡪 | Of which number of educational services in the sector of business services: |  |
| 🡪 | Of which number of educational services in the sector of personal and social services: |  |
| **E. Requested changes of educational services certified by DeuZert** |
| Certificate no: |  |
| Title of the educational service: |  |
| Description of the changes: (*Curriculum, completion, etc.)* |
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| [ ]  further description of the changes, see attachment |
| Reasons of the changes:  |
|  |
| [ ]  Any further explanations and justifications of the changes, see attachment |

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| **F. List of used locations** |
| No | Valid address | Temporary | Number of educational services |
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| **G. Declaration** |
| **I declare that the information in this request and in the attachments thereto are true.** |
| Requested date (CW): |  |
| Place and date: |       |
| Given name, name: |       |
| Signature for the validity of statements: |  |
| Stamp of the organization: |  |