**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.)* | | | | | |
|  | | | | | |
| 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: |  |