**authorized body no. 201**

**notified body no. 1014**

**accredited testing and calibration laboratory**

**accredited body for management systems certification**

**application for certification**

1. **Name and address of organization\*)** (provide also legal status): ……………...………………………………………………………………….........

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Registration n.: ……………………………........... Tel. number: ……………..............…………...…........

 VAT: …………………………............... Fax: ……………….............…………….........

\*) If the applicant fulfills only the role of "Client", provide as well identification information of "User" of the certificate.

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Registration n.: ……………………………........... Tel. number: ……………..............…………...…........

 VAT: …………………………............... Fax: ……………….............…………….........

1. **Contact person** **/ position**: ...................................................………………………………………….....................

 E-mail: .................................................. Tel. number: ..................................................................

1. **Address (addresses) for on-site assessment:**

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1. **Type of certification:**

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| --- | --- |
| Regulation (EU) No 910/2014 - eIDAS | Yes [ ]  No [ ]  |
| ISO/IEC 15288 Systems and software engineering – System life cycle processes | Yes [ ]  No [ ]  |
| ISO/IEC 12207 Systems and software engineering - Software lifecycle processes | Yes [ ]  No [ ]  |
| ISO/IEC 25051 Software engineering – Software product Quality requirements and Evaluation (SQuaRE) – Requirements for quality of Commercial Off-The-Shelf (COTS) software product and instructions for testing | Yes [ ]  No [ ]  |

1. **Short description of the subject of certification:** *(do not fill this article in case of application for eIDAS assessment)*

(e. g. specification of IT services, specification of information system, product name)

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