



APPLICATION FORM
ASSESSMENT AND CERTIFICATION OF Recreational
Diving Service Providers



CYPRUS CERTIFICATION COMPANY

NAME OF COMPANY: (in English)

NAME OF COMPANY: (in Greek)

COMPANY ADDRESS:

TOWN:..... Postal Code:

P.O. Box:..... Postal Code: Town:

Tel.: Fax: Web page:

Company E-mail Address: Company Registration number:

VAT Registration Number:.....Employer's Registration number:.....

AUTHORIZED REPRESENTATIVE FOR THE SIGNING OF THE CONTRACT:

Name: Title or Position:

PERSON RESPONSIBLE FOR THE CERTIFICATION (if different from above):

Name: Title or Position:

INFORMATION FOR ASSESSMENT AND CERTIFICATION

Application for Assessment Extension of the scope of registration

WE WISH TO HAVE: QUOTATION MEETING OTHER:

CERTIFICATION STANDARD:

CYS EN ISO 24803:2017 - **Requirements for recreational scuba diving service providers**

CYS EN ISO 13289:2011 - **Requirements for the conduct of Snorkelling Services**

CYS EN 11121:2017 - **Requirements for Introductory Programmes to Scuba Diving**

Initial Certification Audit Surveillance Audit Recertification audit other type if audit

Please indicate the activities (service provisions) of the diving centre:

Provision of Training and education.....

Organized and guided diving for certified divers.....

Rental of diving equipment and rental equipment.....

Snorkeling Excursions.....

Introductory Diving Activities.....



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Please indicate the number of diving centers, (stations) or Vessels and their location for certification.

- a).....
- b).....
- c).....
- d).....

TOTAL NUMBER OF EMPLOYEES (engaged in each diving centre):

Please indicate which Diving Training Organization certifies your Diving Centre?

- PADI BSAC CMAS NAUI SSI Others.....

Prior to the audit, the applicant shall submit written documentation regarding the services to be certified. This documentation shall comprise the following information:

- list of diving personnel (i.e. scuba instructors and dive leaders and which qualifications they hold),
- list of diving equipment (BCD's, Regulators , alternative air sources, tanks, air compressors e.t.c),
- list of dive sites (use for training or for guided and organised dives)
- in case of training services: declaration on the training system applied and whether the training system/training organisation has been certified by EUF Certification International to conform with ISO 24801, ISO 24802 standards series as well with ISO 11107 and ISO 11121.

Prior to the audit, the applicant shall conform with the following:

- availability of first aid kit & emergency oxygen for every diving activity,
- compliance with all the applicable legal and contractual requirements,
- conduct documented risk assessments & emergency plans,
- conduct air quality tests regularly,
- conduct appropriate maintenance for all diving equipment regularly.

DATE YOU WISH FOR US TO CONDUCT THE AUDIT:

CONSULTANCY FIRM – (If Applicable)

NAME OF CONSULTANT:

ADDRESS:

Tel: Fax: E-mail Address:



**APPLICATION FORM
ASSESSMENT AND CERTIFICATION OF SYSTEM(S)**



CYPRUS CERTIFICATION COMPANY (CCC)

I DECLARE THAT THE COMPANY:

- A) Will conform to the requirements of the General Regulations of CCC (of which I am aware of) for the assessment and certification.
- B) Will pay the corresponding fees to the above mentioned certification procedures.

.....
(Full name)

.....
(Date)

.....
(Signature)

FOR OFFICIAL USE BY CCC

	DATE	ASSESSMENT TEAM
INITIAL INTEREST		Lead Auditors:
QUOTATION		Technical Experts:
ACCEPTANCE OF QUOTATION		
SCHEDULE OF AUDIT		

COMMENTS:	
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SIGNATURE OF CCC's DIRECTOR	DATE:
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Please return this application form to: the Cyprus Certification Company: Fax 22 – 519115 Email: gnicolaou@cycert.org.cy.

CCC will respond by sending you a quotation