



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:

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

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

- Provision of Training and education
- Organized and guided diving for qualified divers
- Rental of diving and snorkeling 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)

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:

SIGNATURE OF CCC's DIRECTOR	DATE:
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Please return this application form to: the Cyprus Certification Company: Fax 22 – 519115

Email: mkalathas@cycert.org.cy και info@cycert.org.cy

CCC will respond by sending you a quotation