



**INDEPENDENT INSPECTION
SERVICES.**

GENERAL INFORMATION

Company Name: _____.

Country: _____ Phone: _____.

Address: _____.

City, Country of Incorporation: _____.

Incorporation Date: _____.

Website: _____.

President's Name: _____.

BUSINESS ACTIVITY

Business Activity Description: (include services provided, volume of work): _____

Location of eadquarters: _____

Countries or ports where it has offices: _____

Countries or ports where it has laboratories: _____

Mention accreditations or certifications for inspection and laboratory services: _____



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COMMERCIAL REFERENCES

Company Name: _____
Contact Name: _____
Phone: _____ Email: _____
Company Name: _____
Contact Name: _____
Phone: _____ Email: _____
Company Name: _____
Contact Name: _____
Phone: _____ Email: _____
Company Name: _____
Contact Name: _____
Phone: _____ Email: _____

COMMERCIAL CONTACT

Contact Name: _____
Phone: _____ Email: _____
Contact Name: _____
Phone: _____ Email: _____

DATE: _____ SIGNATURE: _____

**ATTACHMENTS:
YOU MAY ATTACH:**

- CURRENT TARIFF BOOK
- ANNUAL REPORT OR MEMORANDUM
- COPIES OF ACCREDITATIONS, OFFICE CERTIFICATIONS, AND LABORATORY CERTIFICATIONS