



QCL CERTIFICATION SERVICES

TRADEMARK OF QUALITY CONTROL



MARKING APPLICATION FORM

S.NO.	REQUIREMENT	ANSWER	
1.	COMPANY NAME		
2.	ADDRESS		
			PIN CODE:
3.	CONTACT PERSON		PHONE NO: MOBILE NO:
4.	WEBSITE	www.	EMAIL 1: EMAIL 2:
5.	PRODUCT DETAILS	PRODUCT DETAILS	
		PRODUCT RANGE	
		SPECIFICATION	
6.	TYPE OF CERTIFICATE	NOTIFIED	DIRECTIVES DETAILS
			APPLICABLE STANDARD
	NON NOTIFIED:	COMPLIANCE	OTHER
7.	ANY OTHER INFORMATION		

DATE: / /

NAME:

POSITION.....

NAME OF THE AUTHORISED REPRESENTATIVE

(WITH STAMP & SEAL OF ORGANIZATION)