**APPLICATION FOR CERTIFICATION OF EDUCATIONAL INSTITUTION**

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|  |
| (date) |

Please complete this application form. Please send the completed form by e-mail [oshpass@sertifikuoti.lt](mailto:oshpass@sertifikuoti.lt) .

After receiving the completed application, we will contact you.

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| GENERAL INFORMATION ABOUT THE COMPANY | |
| Company name: |  |
| Code: |  |
| Registration address: |  |
| Address of the company's head office: |  |
| Administration working hours: |  |
| Activity code according to EVRK: |  |
| Phone No. / Fax No.: |  |
| E-mail: |  |
| Website address: |  |
| Position, name, surname, phone number and e-mail of the person who filled out the application: |  |

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| DATA ABOUT THE COMPANY | |
| **Do you have a license to provide OSH training?** |  |
| **The number of employees in the certified activity, their work experience:** |  |
| **Qualifications and experience of employees in the field of trainings:**  NOTE: Please write the positions of the employees, available certificates, permits, etc. |  |