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Descripción generada automáticamente con confianza baja**

**GSTC Certification Scheme -**

**Certification Body Framework**

**Application Form**

Version 1.0

Version Effective Date: October 3, 2024

Approval: GSTC Global Assurance Director

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# **General Information on GSTC-Recognized Standard Owner**

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| **The official name under which the Applicant Recognized Standard Owner (hereinafter referred to as the “Applicant”) is legally registered, including any trade or commercial name if applicable:** | | | |
| Legal name of the Applicant |  | | |
| Commercial or trading name of the Applicant, if any |  | | |
| Applicant’s Address |  | | |
| Telephone Number |  | Fax Number |  |
| Website |  | | |
| Company Registration Number/ VAT Number (if applicable) |  | | |
| Legal Representative Name |  | Legal Representative Email Address |  |
| Person In Charge (PIC) |  | PIC Email Address |  |
| PIC Title |  | PIC Telephone Number |  |

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| **Please provide details regarding the legal status of the Applicant. Additionally, ensure you include evidence of the Applicant's legal status, such as a certificate of registration or an extract from the commercial register, when submitting this application.** | |
| Legal entity type (e.g., Corporation, LLC/Ltd, Partnership, Nonprofit corporation, Nonprofit association, Public limited company, Statutory corporation, Cooperative etc.) |  |
| Business activities (e.g., training, consulting, certification, etc.) |  |
| Registration documents attached | ☐ Yes |

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| **Is the Applicant affiliated with a government entity**  *(e.g., government agency, government institution, government-appointed body, etc.)?* |
| ☐ No. |
| ☐ Yes. Please explain the relationship: |

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| **Ownership Description:**  *Kindly provide a breakdown of the ownership structure of the Applicant, indicating approximate ownership percentages.* |
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# **Details Regarding The GSTC-Recognized Standard**

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| **Details Regarding Type of Certification** | |
| **Accommodation Certification** | ☐ |
| GSTC-Recognized Standard Name: | |
| **Tour Operator Certification** | ☐ |
| GSTC-Recognized Standard Name: | |
| **Destination Certification** | ☐ |
| GSTC-Recognized Standard Name: | |

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| **Geographical Scope of Certification**  *(Please provide details about the geographical scope of the certification program)* |
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| **What activities/services will the Applicant provide after completing the CS-CB Framework?** |
| ☐ Consulting services  ☐ Training (main targets: )  ☐ Others (explanation: ) |

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# **Details Regarding GSTC-Accredited Certification Body**

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| **Have you ever entered into a collaboration with any GSTC-Accredited Certification Body (ACB) before?**  *(For example, outsourcing for auditing, collaboration in another scheme(s) certification/auditing, etc.)* |
| ☐ Yes *(If yes, please provide details and attach the agreement/contract or relevant document regarding this collaboration.)*  ☐ No |

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| **Details regarding the GSTC-Accredited Certification Body (ACB) that your organization will collaborate with for the GSTC CS-CB framework** | | | |
| Name of ACB |  | | |
| Address of ACB |  | | |
| Telephone Number |  | Fax Number |  |
| Contact Person Name |  | Contact Person Email Address |  |
| Contact Person Title |  | Contact Person Telephone Number |  |

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| **Have you signed a Service Agreement with the ACB, the partner you plan to collaborate with within the scope of this application?** |
| ☐ Yes, a service agreement with the ACB has been signed  ☐ No, we are in the process of finalizing a service agreement |

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| **Have the ACB’s auditors been trained on your GSTC-Recognized Standard?** |
| ☐ Yes  ☐ No *(If no, please outline your plan for training)* |

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# **Documents to Be Attached to Your Application**

Please ensure that all required documents are included in your application to facilitate the accreditation process.

**Mandatory Documents:**

* the Applicant’s legal registration document
* The agreement/contract with the GSTC-Accredited Certification Body
* Current Certificates issued by RSO

**APPLICANT AGREEMENT**

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| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a representative of \_\_\_\_\_(organization name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge and agree to the following terms and conditions in relation to my application for the Certification Scheme(CS)-Certification Body(CB) Framework:  **Adherence to the GSTC CS-CB Framework**  By submitting this application, the Applicant as a CS agrees to adhere to the GSTC CS-CB Framework as outlined in the GSTC Accreditation Manual and the Certification Scheme Licensing Agreement (CSLA). This includes compliance with the operational rules, impartiality, and the overall structure of the framework.  **Determining of Roles**  The CS agrees not to operate or manage any certification or verification activities but will instead rely on the GSTC-Accredited Certification Body(ACB) to carry out all auditing and certification functions.  **GSTC's Evaluation and Discretion:**  I understand that GSTC evaluates the Applicant's eligibility to become an applicant for the CS-CB Framework but does not guarantee acceptance as an official CS. The acceptance of the Applicant as an official CS for the Accreditation Program is at GSTC's absolute discretion.  **Cooling-off Period:**  If the application is rejected, GSTC may impose a cooling-off period until a new application for the CS-CB Framework can be submitted.  **Ongoing Fulfillment of Requirements:**  I commit to continually meeting the GSTC Requirements for the CS-CB framework, for all desired requirements and scope.  **Confidentiality:**  I agree to maintain the confidentiality of all business and personal information received from the ACB and GSTC during the application process, except where such information is publicly available or in the public domain.  **Governing Law:**  I acknowledge that this application and any ensuing agreements between GSTC and the CS are governed and interpreted by the laws of the USA.  **Personal Data:**  I understand that the collection and processing of personal data provided in this form and throughout the application process are necessary for GSTC's legitimate interests in evaluating and processing my CS-CB Framework application.  I further understand that personal data may be retained by GSTC throughout the application process, and if applicable, during surveillance activities until the CS requests its removal or the working relationship with GSTC ceases to be active.  By submitting this application, I affirm my understanding and acceptance of these terms and conditions. |

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| **Place, Date** |  |
| **Full Name and Position of the CS Representative** |  |
| **Signature** |  |

\*Please be aware that the signature(s) on the application must match those of the individual(s) authorized to represent, as indicated in the extract from the commercial register.

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| **Important Information for the Applicant:**  GSTC places the utmost importance on maintaining the confidentiality of business and personal information. All data received during the application process is treated as confidential, provided it is not already publicly available or generally accessible to third parties. GSTC's employees are bound by specific contractual agreements that compel them to uphold confidentiality. We protect confidential information through controlled access and secure storage measures. Please review the GSTC Privacy Policy for further details. |

**FOR GSTC INTERNAL USE ONLY – please leave blank**

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|  | **Yes** | **No** | **Comments** |
| CS-CB Recognition evidence | ☐ | ☐ |  |
| Availability of qualified personnel and experts for the CS program | ☐ | ☐ |  |
| Capability to promptly conduct program-specific guidance for the CB | ☐ | ☐ |  |
| Identification of any hindrances or obstacles | ☐ | ☐ |  |
| Additional Comments |  | | |

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| **Reviewer 1** |  |
| **Date and signature:** |  |

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| **Reviewer 2** |  |
| **Date and signature:** |  |

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| **GSTC Global Assurance Manager** |  |
| **Date and signature:** |  |

*All information submitted through this form will be treated as confidential and used solely for accreditation purposes.*