



ལྷོ། འབྲུག་གི་གནས་ཚུན་ལས་ཁང་།

**BHUTAN STANDARDS BUREAU
PRODUCT CERTIFICATION SCHEME
APPLICATION FORM**



To,
The Director General,
Bhutan Standards Bureau,
Thimphu, Bhutan.

Dear Sir,

1. I/We, (Name of the person or the organization in full) ----- have been engaged in the business in the address and I/We, are applying for issuance of a license for use of "Standard Mark" keeping in conformity of the commodities/ processes of Bhutan Standard according to Bhutan Standards Act 2010 as described below:

Name of the firm

Scale

Large		Sector	Public	
Medium				
Small			Private	

Address

Office

Tel	
Fax	
Email	
Website	



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Address

Factory

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Tel

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Fax

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Email

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Top management

Sl.No	Name	Designation

Technical management

Sl.No	Name	Designation

Document No: PCS-P7.2-01-F01

Issue No.: 02

Approved by: AA

Page 2 of 5



ལྷོ། འབྲུག་གི་གནས་ཚུངས་ལས་ཁང་།

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Contact persons (email and contact numbers)	Name	Contact number	Email Id

Details of Product for certification

Category		
Brand		
Grade /Type/Class		
Product standard (BTS IS)		

Installed Capacity (per annum)	Units of production	Quantity	Value (Nu. / Rs.)
Legal Obligations if any			
Foreign collaboration if any			

Document No: PCS-P7.2-01-F01	Issue No.: 02	Approved by: AA	Page 3 of 5
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Outsourced processes if any	
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Details of laboratory

Equipment	Make	Purpose	Date of calibration	Next calibration date

Document No: PCS-P7.2-01-F01	Issue No.: 02	Approved by: AA	Page 4 of 5
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The following additional documents are required to be submitted with the application:

- Trade licence issued by the local authority
- Premises licence (for food processing unit)
- Trade mark registration issued by the Ministry of Economic Affairs
- List of manufacturing equipment
- List of testing equipment
- Calibration certificates establishing adequacy of metrological capability of the test and measuring equipment
- A flowchart indicating the sequence of production
- Factory layout

Note:

- An initial evaluation of the factory premises (preliminary audit) will be conducted before the actual factory audit. An intimation will be sent before this takes place.
- Surveillance of the factory premises will take place at least once a year excluding market surveillance and surprise visits which will be carried out by BSB at its own discretion.

Declaration:

I/we hereby declare that the information furnished above is true and complete. I understand that any false or inaccurate information shall render my application invalid, or shall result in cancellation of Certification if it is already granted.

Signature: _____

Name: _____

Designation: _____

Date of Application: _____

Seal of Firm



The Application must be signed by the CEO of the firm or authorized representative in his absence

Document No: PCS-P7.2-01-F01

Issue No.: 02

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Page 5 of 5