

# Application for recognition as a Training Provider Form



## Contact details of the applying Training Provider

Company name  
& legal form

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Street

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ZIP-City

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Country

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VAT-ID-Number  
(if EU-Country)

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Represented by:  
First name Last name

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Phone

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Mobile

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E-Mail

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Begin of the Agreement

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Place, Date

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Signature

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Please scan the signed form and mail it to [admin@certified-re.com](mailto:admin@certified-re.com).