



A request form to receive a license in the Triangle Agreement

For Office Use

In Accordance with Standard: _____

Date Received and Checked: _____

Received/Checked by: _____

Application for (check the relevant box): New License

License Expansion



<i>Full Registered Name Of the seller:</i>			
<i>Full Registered Name of Manufacturer:</i>			
The Seller is: <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			Company number:
Company Number:	Address of the seller:	Zip Code:	P.O. Box:
Telephone No:		Fax No:	
Company Website:			
Email Address:			
<i>In the event of a license expansion, skip to "Product Details".</i>			
Has the seller received a license in the past?			
<input type="checkbox"/> Yes, for the following products _____ <input type="checkbox"/> No			
Is the seller already undergoing surveillance by SII?			
<input type="checkbox"/> No <input type="checkbox"/> Yes: (Circle one) ISO 9001; Standard/Safety Mark; Other (describe) _____			
If yes: We, the undersigned, request that the preliminary inquiries contract between us and between SII from this day, _____, shall also apply to the above product, and in the event that the License Committee will grant the above product with a Standard Mark, it will be covered by a surveillance agreement that has been signed with SII from this day, _____.			
Does the manufacturer have approval for meeting the requirements of ISO 9001 by a source that is not SII?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, list name of the organization _____ _____			

Does the manufacturer have approval of the product from a foreign institution?

No Yes, describe _____

How many employees are employed by the seller? _____

Position Holders at the Manufacturer	CEO:	Position:	Position:
	Name:	Name:	Name:
	Phone No:	Phone No:	Phone No:
Contact Person with SII	Name:	Position:	Phone No:
	Email Address:		Cell No:

Attached Documents that Describe the Company and Product:

- Description/Diagram of Organization Catalog of Products/ Services Certificates of the Organization
- Quality Plan Product File Flow Chart of Product Process
- Other Documents _____

Product Details:



Product Name:

Product Description:

Details of all Product Models:

Are the products (or their parts) manufactured at additional sites?
 No Yes, describe:
 Addresses of additional manufacturing sites:
 1.
 2.

In the event of a new license application, please fill out the following sections:
List the names of your main suppliers/sub-contractors and the materials/parts/services they provide:

<u>Name of supplier/sub-contractor</u>	<u>Type of material/part/service</u>

We the undersigned hereby request for the product described here to be granted with the Standard/Safety Mark. We commit to:



- A. Fulfill the requirements of the Standard Law of 1953 and the regulations issued thereunder, and the conditions and arrangements that were determined by the Standard Mark Directorate and License Committee that operate under it.
- B. To allow the representative of the Director General of SII to come visit the factories and product assembly sites, as well as other factories that create the product, part of the product, or its components.
- C. To enable and assist the representative of the Director General to take product samples or its part and materials used in its construction, for free, to conduct preliminary testing.
- D. Not to publicize in any form that the factory or its products are under the surveillance of the Institute, currently or in the future, or are soon to be inspected, until receipt of the license by the Institute.
- E. To bear the expenses related to the procedures described in this application.

Name

**Signature +
company stamp**

Position

Date

*Please complete and return this form to the Standard Mark Customer Relations Team by
EMAIL ONLY to: zehavit_kamchin@sii.org.il*