

# GSAS SERVICE PROVIDER LICENSE

## Operations

(Application Form)



### Service Provider & CGP Information

Org. Name:

Address:

Country:

Tel:

Fax:

Email:

Website:

CGP Name:

GSAS ID:

### GSAS Service Provider Fees

	Fees -	
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Total Amount QR / US\$:

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### FOR SERVICE PROVIDER ACKNOWLEDGEMENT

**Disclaimer:**

I acknowledge that I have read and understood the following on GORD’s website and I agree to abide by the policy and standards set forth within:

GSAS Technical Guide 2019	
GSAS Technical Clarifications	
All GSAS Policy updates (Including Ref:2/2019 – Demerit System for Quality Assurance)	

I am attaching a copy of the nominated CGP’s QID or Labor Regulating Authority certificate indicating employment with the GSAS Service Provider.	
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Name of the Service Provider:	
Service Provider Representative (CGP):	
Signature & Stamp:	Date:

<b>REQUIREMENTS:</b> <ol style="list-style-type: none"><li>Valid company commercial license</li><li>Valid one GSAS-CGP certificant</li><li>GSAS-CGP certificant must be legally affiliated with Service Provider</li></ol>	<b>REGISTRATION:</b> <ol style="list-style-type: none"><li>Please complete &amp; submit this application form</li><li>Request for GORD invoice prior to making any payment</li><li>Membership will be activated upon receipt of full payment</li><li>Paid amount is non-refundable in any case and for any reason</li></ol>	<b>BENEFITS:</b> <ul style="list-style-type: none"><li>One Year membership</li><li>Access to electronic GSAS Publications relevant to license type</li><li>Listed on www.gord.qa<ul style="list-style-type: none"><li>Logo Placement</li><li>100 Words (write-up)</li></ul></li><li>Access to GSASgate</li><li>Priority in registration for GORD events/ workshops/ CPDs</li></ul>
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