

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

<input type="checkbox"/>	Fees -	<input type="text"/>
--------------------------	--------	----------------------

Total Amount QR / US\$:

GSAS SERVICE PROVIDER LICENSE

Operations

(Application Form)



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.	
--	--

Name of the Service Provider:		
Service Provider Representative (CGP):		
Signature & Stamp:	Date:	

<p>REQUIREMENTS:</p> <ol style="list-style-type: none"> 1. Valid company commercial license 2. Valid one GSAS-CGP certificant 3. GSAS-CGP certificant must be legally affiliated with Service Provider 	<p>REGISTRATION:</p> <ol style="list-style-type: none"> 1. Please complete & submit this application form 2. Request for GORD invoice prior to making any payment 3. Membership will be activated upon receipt of full payment 4. Paid amount is non-refundable in any case and for any reason 	<p>BENEFITS:</p> <ul style="list-style-type: none"> • One Year membership • Access to electronic GSAS Publications relevant to license type • Listed on www.gord.qa <ul style="list-style-type: none"> • Logo Placement • 100 Words (write-up) • Access to GSASgate • Priority in registration for GORD events/ workshops/ CPDs
--	---	--