APPLICATION FOR REGISTRATION OF IAQ CERTIFICATE UNDER THE IAQ CERTIFICATION SCHEME FOR OFFICES AND PUBLIC PLACES

	ne IAQ Certifica			door Air Quality (IAQ) Places for the following
Name of building	(in English) : _			
Full address				
	(in Chinese) : _			
Certified location(s)# (in English): _	_		_
	(in Chinese) :_			
# Please state "the	whole building" if the	whole building is certifie	d; if not, please specify the lo	cations certified.
	-	s and certified location(s may suggest revision wh		rm must be the same as on IAQ
2. This is (p	olease tick as ap	propriate):		
☐ the The	certificate numb	time of	mission is	
measurement and	assessment in t and the duplica	he above building	/certified location(s), v	Body to carry out IAQ with the original copy of ed off by its competent
4. I agree to IAQ Information Ce				ate to the public in the
		•	(tick as appropriate)	
	the Certificate t y me for collecti		te at the IAQ Informa	tion Centre.
Name [@]	:			
Company				
Position				
Telephone No @				
Fax No				
Email address (if				
.				Organisation Chop 機構印鑑
Signature	:			
Date	:			

[®] The applicant should be the owner/management of the premises/building. To facilitate IAQ Information Centre to contact the applicants when necessary, CIBs should advise the applicants to provide a person, or persons, who have knowledge about the application as the contact point(s) and provide their contact details.