

## Application of Minimum requirement for Certefication Bodies

E10	/01C
LTO	/01C

Date					
Name of O	rganization				
Region		City		Woreda	
P.O.Box		Phone No.		Fax	
Sr. No.	Sco	ope		Scheme	
(Client)	By:		(EA	ved By:S)	
Date :			Date :		