



**Application Form for
Hospitality Assured Certification**

Name of Lead Contact
(person applying for HA Assessment)

Name of Business

Address

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Telephone Fax:

E-mail:

Website:

Business Detail (remember to include organization chart):

Products or services provided

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Number of sites and locations

If the organization/business is part of a Group, please specify

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Number of years in operation

Number of full time staff

Number of part time staff

Number of rooms
(if an accommodation provider)

Details of any trade or professional Associations of which the organization /business is a member

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Regarding the assessment, I commit to present the company for external assessment within six (6) to nine (9) months.

I agree to pay the associated costs linked to the programme. Half of said costs will be paid on signing on to the programme and the balance will be paid immediately before the assessment.

Authorised signatory
Print name
Position
Date

Please return the completed form to:

Hospitality Assured Caribbean
C/o Caribbean Tourism Organization, 7th Floor, Baobab Tower, Warrens, St. Michael, Barbados
Tel: 246-427-5242; E-mail: hospitalityassured@caribtourism.com