JSMO / Certification Department	JO-ECOLABEL Application Form

- This application is for obtaining JO-ECOLABEL license according to JO-ECOLABEL instructions no. (1)/2026 issued by virtue of the article 22 of JSMO law no. 22:2000 and its amendments.
- Filled application and the attachments are to be submitted to: JSMO – Certification Department, Telephone: 5301225 - Fax: 5301249
- For any more information please contact the certification department on the above contact details.
- Applicant will be informed about reviewing this application within (10) days after receiving the application.

Applicant (Entity Name):			
Headquarters Address:		**Tel.:**	**Fax:**
Manufacturing Address:		**Tel.:**	**Fax:**
Website:		**Email:**	
Contact Person Name:		**Telephone**	**Email**
Brief About the Entity:			
Entity Work Scope:			

Entity Management Systems Certificates (if any):				
#	**Certificate**	**Certification Body**	**Issuing Date:**	**Expiry Date**
1				
2				
3				
4				

No. of Facilities:
No. of Employees:
Brief About Good Environmental Practices Applied by the Entity:

Product/Service to be granted JO-ECOLABEL
Product/Service: The ones whose criteria are published at (www.jsmo.gov.jo):
Product Full Description, Details, and Specifications (Trademark(s), Model(s), Size(s), Color(s), etc.):
Packaging and Packing Full Description Details, and Specifications:

Please submit the following documents with the application

#	Document	Yes	NO	Notes
1	Valid entity registration certificate			
2	Valid trademarks registration certificate			
3	Valid working license			
4	Entity profile			
5	Copy of the organizational structure			
6	Copy of management systems certificates			
7	Copy of the product label			
8	Any available test reports showing compliance with any criterion in the relevant Jordanian Environmental Criteria			
9	Provide sample of the product if applicable, If not, provide photos			
10	Flow chart for the production process showing all stages			
11	Product Brochure			
12	Other documents Specify:			

☐ **Applicant confirms that all information mentioned in this application is precise and correct**

General Manager name:	**Signature & Stamp**	**Date:**

For CT Use		
Reciepent Name:		**Date:**
Review of application:		
Reviewers' notes:		
Head of Division Name:	**Signature:**	**Date:**
Decision on the application:		
☐ **Accepting Application**		
☐ **Rejecting application for the following reasons:**		
CT Director Name:	**Signature:**	**Date:**