

NEPCon Sustainable Tourism

Certification

GSTC Accredited

Initial Application

# CONTACT INFORMATION

# (For your application to be processed please complete all fields labeled as REQ)

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Legal Name (REQ):**  |        | **Trade Name or DBA\* (REQ):** |       |
| **Date of application (REQ):** |       | **Jurisdiction of Company (Country):** |       |
| **Type of Legal Entity:** |       |  |  |
| **VAT or Tax Registration Number (REQ):** |       |  |  |
| **Primary Contact (REQ):** |       | **Title or position of primary contact (REQ):**  |       |
| **Mailing Address (REQ):** |       |
| **City (REQ):** |       | **State/ Prov. (REQ):** |       | **Country (REQ):** |       |
| **Email(s) (REQ):** |       | **Post. Code:** |       |
| **Phone (REQ):** |       | **Fax:** |       | **Website (REQ):** |       |

\* ”doing business as” – for contracting purposes please ensure that your company’s full legal name is listed above.

# 2. BUSINESS BACKGROUND

# Help us create a profile of your business to plan for your tourism verification.

# a) BUSINESS TYPE:

# Please state the nature of your enterprise:

|  |  |  |
| --- | --- | --- |
| [ ]  Private enterprise | [ ]  Public enterprise | [ ]  Community  |
| [ ]  Indigenous Community  | [ ]  Cooperative | Other       |

# b) TYPE OF PRODUCT/SERVICE:

|  |  |  |
| --- | --- | --- |
| [ ]  Lodging  | [ ]  Food Service | [ ]  Tour Operator  |

# c) BUSINESS DETAILS:

|  |  |  |
| --- | --- | --- |
| Number of rooms (Hotel Only) (REQ):       | Number of employees (REQ):       | Number of years in operation (REQ):       |
| Destinations where it delivers its services (Tour Operators only) (REQ):       | List all itineraries or tours that will be included under the scope of an eventual certificate (Tour Operators only) (REQ):      | Cantidad de años en operación (REQ):       |
| Number of customers served by operation in (REQ):**2016:**       **2017:**       **2018:**       |

# d) LOCATION:

|  |
| --- |
| How many hectares is the size of your property?       |
| Is any portion of your property set aside for conservation and/or private reserve? [ ]  Yes [ ]  No |
| Are you located near a protected area? [ ]  Yes [ ]  No  |
| If yes, name protected area:       |

**3. ADDITIONAL COMMENTS/NOTES**

|  |
| --- |
| Please provide any additional information or comments which will help us better understand your operation:       |

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**Signature of authorized representative Date**