

Client reference no.

COMPANY CERTIFICATION

Application form

This application form should be completed in as much detail as possible to facilitate the process of certification and to provide a justified quotation.

1- ORGANIZATION DETAILS

Corporate Name

Please specify legal status

Sector of activity

Activity code:

IAF / NACE code

Address:

(Address, post code, city, country)

Invoicing address:

(if different from the one above)

(Address, post code, city, country)

Telephone

Fax

E-mail

Name of Contact

Designation

2- REQUESTED MANAGEMENT SYSTEM CERTIFICATION SCHEME

Quality (ISO 9001: 2000) without exclusion with exclusion (please describe exclusions, eg. design...):

Environmental (ISO 14001: 2004)

Organization's website:

Please provide a brief description of the activities with respect to the product/service you need covered by the certification.
(using precise terms such as : "Marketing", "Design", "Development", "Production", "Manufacturing", "Testing", "Measurement", "Transport"...)

Tick boxes where applicable to your activities:

Marketing Design Development Production Manufacturing Testing Measurement Transport

Servicing Trading Any Other: _____

Proposed wording of the certification scope, which should be reflected on the certificate following a successful assessment:

Range of products / services (please provide details of your products/services, number of products and/or number of range of products. Describe what size the products are – low, medium high voltage [voltage range of the product] – technical specifications ...)

Does your activity lead you to have any activities outside of your infrastructure: building sites, temporary agencies or offices, facilities on customer premises, etc? Please describe these activities and the number of locations covered.

Are any of your activities subcontracted? No Yes If yes, please describe the subcontracted activities.

What are materials, raw materials used for production (plastic, steel, wood...)?

3 – LIST OF LOCATIONS CONCERNED BY THE CERTIFICATION

If your certification request concerns only the location mentioned on the first page of this form, please do not fill in this part. If you have more than 4 locations, please attach an appendix to this document with the list of all locations.

1st LOCATION – CORPORATE NAME:

Main location

.....

Address

.....

Main activities

.....

2nd LOCATION – CORPORATE NAME:

.....

Address

.....

Main activities

.....

3rd LOCATION – CORPORATE NAME:

.....

Address

.....

Main activities

.....

4th LOCATION – CORPORATE NAME:

.....

Address

.....

Main activities

.....

Any additional
Information

.....

4 – ORGANIZATION OF HUMAN RESOURCES AND PROCESSES

Total number of employees related to certified activities:

	1 st location	2 nd location	3 rd location	4 th location
Number of employees involved in the certification process				
If the production is organized in shifts for continuous process / activity, specify number of employees and shifts.				
Number of employees by shift				
Number of shift (2 or 3 shifts x 8 hours)				

Comments

5 – STATUS OF THE COMPANY'S MANAGEMENT SYSTEM

For internal actions in your company, have you been in contact with a Consulting Agency or any equivalent organization during the last 01 years? YES * NO

[*] If yes, please specify the agency name and people's name, which were involved in these actions.

Date of implementation of the management system: _____

Proposed Date for assessment: _____

Have a complete cycle of internal audits and a management review been completed? YES NO

Has your Management System already been evaluated by external organizations? YES NO

Has your company, or any other entity of the same group, or a subsidiary, Already been certified (products, laboratories, quality system...)? YES NO

If yes, which was the certification body and which was the activity/product certified. _____

6 – OTHER INFORMATION

Are the activities concerned by the certification affected by particular requirements (Statutory / Legal /Regulations / national regulation...)? YES NO

If yes, please give details

Please indicate any special audit requirement (like language, special pass for visiting locations, restricted areas...) or health and safety risks/measures. Please give details:

Additional information, if necessary:

7 – COMPLAINTS PROCEDURE

It is a requirement that clients of an Accredited Certification Body establish and operate a complaints procedure.

Have you established a Complaints Procedure? YES NO

Do you keep complaints register? YES NO

Do you investigate complaints? YES NO

8 – ACCREDITATION BODIES

Would you like to have an Accreditation Board accreditation logo on your certificate? YES * NO

Please return this document to:

Operations Manager
DQS Certification India Private Limited
502, GD-ITL Northex Tower, Netaji Subash Place
Pitampura, New Delhi – 110034, India
Phone - +91 9810895173

I agree to abide by the Certification Body's standard conditions of contract.

Legally Binding Signature and company stamp:

Designation:

Date [day/month/year]:

Signature: