

**APPLICATION FOR CERTIFICATION**

<b>Company:</b>			
<b>Address:-</b>			
<b>Post Code:-</b>			
<b>Tel:</b>		<b>Extension:</b>	
<b>Fax:</b>		<b>Email:</b>	
<b><u>Management Representative</u></b>			
<b>Name:</b>		<b>Title:</b>	
<b><u>Number of Sites:</u></b> (details of additional sites i.e. location/activities to be submitted on a separate sheet)		<b><u>Number of Shifts:</u></b>	
<b>Principal Products or Services provided by the Company:</b>			
<b>Main Processes and Materials Used:</b>			
<b>Scope for Certification (what do you do?)</b> The use of the Accreditation Mark indicates accreditation in respect of those activities covered by the accreditation certificate number			
<b>Details of consultant if used</b>			
<b>Does your Organisation conduct any activities on clients' sites?</b> If YES list activity site:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Does your organisation's quality manual fully address ISO</b>		? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Are there any claimed exclusions from ISO</b>		? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES what are the exclusions and how are they justified			
<b>Are there any outsourced processes? If so, please detail them</b>			
Is the English language spoken by all staff, if not what other languages will we require to understand when doing the assessment? Understand English Language			



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**What key legislation is applicable at your site(s)?**

**Company Employees**

<b>Category/Description</b> (e.g., Sales/Marketing, Design, Admin, Purchase, Labour, Account, Supervisor)	<b>Permanent Employees Number</b>	<b>Temporary Employees Number</b>
Managing Director		
Marketing		
Labour		
Account		
Supervisor		
<b>total number</b>		

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**End of Client Application**