



## APPLICATION FOR THE CERTIFICATIONS

I/We hereby apply for the certification of ..... (*Applying Certification*) established in  
.....  
*[Registered Name of the Applicant Organization]*

The particulars of my/our organization are given below:

### 1. GENERAL:

1.1. Address (Head Office):  
.....  
.....

Telephone: ..... Fax: ..... E-mail: .....

1.2. Legal status of the organization:

a) Registration authority: .....

b) Registration number: .....

Date: .....

### 2. APPLICABLE LOCATION(S) FOR THE CERTIFICATION:

[Please indicate the permanent physical locations (subsidiaries, branches, warehouses etc.) registered under the Applicant Organization, which are to be included in the ISO 9001 certification. Attach a separate sheet for temporary locations (*e.g.: Building Projects*)]

Name & Address	Telephone/Tel/Fax/E-mail
.....	.....
.....	.....
.....	.....
.....	.....

*[If required Please attach a separate sheet]*

**3. DEPARTMENTS/DIVISIONS APPLICABLE AND NUMBER OF EMPLOYEES:**

Total Effective Number of Employees\*\*

Departments/Divisions (e.g.: Management, Design, Production, Quality Assurance, Human Resources, etc.)	Head Office	Location 1	Location 2	Location 3
<b>TOTAL</b>				

*[If required Please attach a separate sheet] \*\* The effective number of employees consists of all full-time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number.*

3.1. Whether product or service realization processes operate on a shift basis,

a) No. of shifts available per day: .....

b) No. of employees working on a shift: .....

**4. LIAISON OFFICER:**

4.1. Chief Executive Officer of the Applicant Organization:

a) Name: ..... Designation: .....

Telephone: ..... Fax: ..... E-mail: .....

4.2. Contact person of the organization:

a) Nominee 1 [Name]: .....

Designation: .....

Telephone: ..... Fax: ..... E-mail: .....

b) Nominee 2 [Name]: .....

Designation: .....

Telephone: ..... Fax: ..... E-mail: .....

**5. LEGAL OBLIGATIONS:**

*[Please indicate the legal obligations to be abide by the Applicant Organization] (e.g.: Environmental regulations, Building regulations, industry specific regulations, compulsory product certifications etc.)*

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**6. QUALITY MANAGEMENT SYSTEM:**

6.1. Quality Management System of the organization is developed by: .....  
[outside consultant(s) and/or organization itself]

6.2. Type of certification *[New Certification or Recertification]*: .....

6.3. Description of products manufactured and/or services offered: .....

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6.4. Description of manufacturing processes and/or services which has been outsourced to the external party:

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6.5. Description of products manufactured and/or services offered which are to be excluded from the scope of the certification:

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6.6. Desired scope of the certification:

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6.7. If Recertification;

a) Date of first certification:

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b) Validity period of previous certification: from ..... to .....

c) Scope of previous certification:

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d) Major changes done in the Quality Management System during the previous year [if any]:

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**7. DOCUMENTED INFORMATION:**

Please submit copies of the following documents along with the duly perfected Application and Pre-assessment Questionnaire.

- a) Scope of the organization, and justification for any exclusion,
- b) Documented information to support the operation of processes of the organization,
- c) Quality Policy,
- d) Quality Objectives, and
- e) Operational planning and control

**8. DECLARATION BY APPLICANT:**

8.1 I am/We are fully informed and agree with the contents of the following documents of the Certification Scheme of the UKQA; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement and Conditions for Use of the Quality Management System Certification Mark.

8.2 Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.

8.3 I/We will not hold liable either the UKQA or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at

.....

on this ..... day of ..... 20.....

Signature: .....

Name: .....

Designation: .....

For and on behalf of

.....

[Name of the Applicant Organization]

FOR OFFICE USE:

<b>DATE RECEIVED</b>	
<b>REFERENCE NUMBER</b>	
<b>NEW CERTIFICATION</b>	
<b>RECERTIFICATION</b>	

# UK QUALITY ASSESSMENT LIMITED

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