



Application for QMS Certification

QMS Certification: Preliminary Information

<u>Application for QMS Certification</u>	
NAME OF COMPANY APPLYING AND LEGAL STATUS (Please use full name of company with e.g. Ltd., Inc., SAC, SA, SARL, BV, Kft)	ADDRESS OF COMPANY (Street, post code, town, province, country, P.O. Box)
COMPANY'S LEGAL REPRESENTATIVE (name of person and function)	COMPANY'S CONTACT PERSON (complete if different from Legal Representative)
TELEPHONE / FAX NUMBER	

- ☐ Applying for the first time
☐ Indicate changes if you are already our client.

Applying for additional services:

- ☐ Pre-scoping This visit gives you the opportunity to detect all insufficiencies before the first audit.

1. Scope of registration: Describe below how your business activity to be audited and certified:

If applicable detail any design work undertaken.

2. Products and type of raw materials

Please describe below the products (groups of products) you process and the type of raw materials you use in production processes (if applicable).

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3. Services

Please describe below the services you supply to your clients.

4. Number of employees

Total number of employees:

Number of part time employees within total:

Do you have shift system? If yes, number of workers per shifts:

5. Locations: Describe below all the locations and activities included in this registration.

Name location	Address and country	Activity, process(-es)	Products involved

Please describe the locations of your enterprise.

Travel time between units. If applicable, estimated time needed for travelling from nearest international airport etc...

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6. Applicable standards and other normative documents

Please list standards and other normative documents relevant to your business scope, or attach list of those.

7. Human Resources

Please describe main functions in your organization or attach organization chart.

8. Machinery and infrastructure used

Please describe below the main kinds of machinery and infrastructure you use for production process.

9. Subcontractors: Are any subcontractor involved in the scope you applied for?

If yes, please mention: name of subcontractor, address and its activity.

10. Has the project ever been registered, audited or certified before by another Certification Body?

If YES, please mention: the name of the previous Auditing and/or Certification Body and the reason of

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changing

11. Do or did you use consultancy for your quality management system?

If YES, please mention name of the consultancy company.

Undersigned declares to have completed this application form truthfully.

Signature:

Position:

Place, Date:

Based on the above information, CQALC will draw up a no-obligation offer for a contract.