

CQAL Client Status – QMS Certification Scheme

Certified Clients

The Information on certification sponsored by CQAL Certification Schemes available to the public. The List of certified clients can be made available for the interested part on formal request after reviewing the requests by Certification Manager (Certification).

Suspended Clients

SL	Client Name	Client Ref. No	Certificate No & Validity	Date of Suspension	Reason
	Nil	Nil	Nil	Nil	Nil

Withdrawn Clients

SL	Client Name	Client Ref. No	Certificate No & Validity	Date of Suspension	Reason
	Nil	Nil	Nil	Nil	Nil



Certification Manager
(GVVNAS KUMAR)

Date: 10th February 2020

Company Information:

Date:

Company:			
Contact Person:		Title:	
Address:			
Are there Additional Sites to be included in this certification?		Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, add on next page)	
Phone:		Fax:	
E-mail:		Web:	
# Employees:		# of Shifts:	
Additional Contacts:			

Services to be provided (check all that apply):

Quality Management System: ISO 9001

Information Technology Service Management:

ISO 20000

Information Technology Service Management:

ISO 20000

CMMI Software Development

Scope of the Audit:

Activities to be registered	
IAF and NACE Code (if known)	
Exclusions from Registration:	
Industries Serviced:	
Key Customers:	

Additional Information:

When do you expect the management system to be ready for the first audit?	
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Is your management system integrated with another system? If yes, please describe.	
Are you currently certified by another body? If yes, by who?	
Reason for transfer of certification?	
Is your existing certificate valid, with no open nonconformities?	
Which standard are you currently certified to?	
Are you currently on an annual, nine-month or semi-annual surveillance scheme?	
When was the date of your last onsite assessment?	
Can you please supply a copy of any current certifications with this Request?	
Is your organization working with a consultant? If so, what is his/her name?	
How did you hear about CQAL? Please be as specific as possible.	

Additional Sites:

	Site 2	Site 3	Site 4	Site 5
Name Of Site:				
Distance From HQ:				
Number of Employees:				
Physical Address:				
Phone Number:				
Fax Number:				
Site Contact Name:				
Will This Be A Corporate Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Would You Like A Separate Certificate Printed For Each Location? <input type="checkbox"/> Yes <input type="checkbox"/> No				

CQAL Office only (Service Request Review)

File #:	Scope Determined: YES	IAF Code:	NACE Code:
Scope:			
Client Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Audit Type: Certification	Website Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Request for Service

Additional Information:

Request approved: Yes No

Reviewed by:

Lead Auditor assigned:

Initial Audit Schedule: Yes No

Date:

Transfer? Yes No

Cert Received? Yes No

Prev. Report Received? Yes No