**SECTION 1 - TYPE OF SERVICE REQUIRED**

Please select one or more:

ISO 9001 - Quality Management Systems

Type of Assessment: Choose an item.

Target Date: Click here to enter a date.

ISO 14001 - Environmental Management Systems

Type of Assessment: Choose an item.

Target Date: Click here to enter a date.

Other (please specify) - Click here to enter text.

Type of Assessment: Choose an item.

Target Date: Click here to enter a date.

Other (please specify) - Click here to enter text.

Type of Assessment: Choose an item.

Target Date: Click here to enter a date.

**SECTION 2 - IMPORTANT NOTES**

NOTE 1: **We cannot provide Certification Services and Internal Audits to the same organization simultaneously; this is a conflict of interest.**

Furthermore, where TTBS has previously provided internal audits we cannot engage in certification services for a period of 2 years from the last internal audit.

NOTE 2: **We do not provide training and consultancy services to help you implement your system; this is a conflict of interest**. Premiere Quality Services limited is a subsidiary of TTBS which offers Training and Consultancy, they can be contacted at 662-8827 ext 2500 to 2507.

***The activities of PQSL and TTBS Certification Division are not linked and certification will not be simpler, easier, faster or less expensive if PQSL is used for training and consultancy.***

NOTE 3: **Your system must be fully implemented in order to engage in a Certification Audit**

Please click to acknowledge that you have read the notes above

**SECTION 3 – ORGANIZATIONAL DETAILS**

|  |  |
| --- | --- |
| 1. Name of Organization: | Click here to enter text. |
| 1. Address of Organization: | Click here to enter text. |
| 1. Tel: | Click here to enter text. |
| 1. Fax: | Click here to enter text. |
| 1. Website: | Click here to enter text. |
| 1. Management Representative | *This is the official contact person at your organization* |
| * 1. Name | Click here to enter text. |
| * 1. Position | Click here to enter text. |
| * 1. Tel | Click here to enter text. |
| * 1. Email | Click here to enter text. |
| 1. Head of Management | *This is the person in charge of Management e.g. Chief Executive Officer, Managing Director etc.* |
| * 1. Name | Click here to enter text. |
| * 1. Position | Click here to enter text. |

**SECTION 4: STATE OF READINESS**

|  |  |
| --- | --- |
| 1. How long has the management system been implemented? | Click here to enter text. |
| 1. Currently certified by another Certification Body? | Yes  No |
|  |  |
| 1. If Yes, attach the following: |  |
| * 1. a copy of your certificate | Attached |
| * 1. a copy of your last audit report | Attached |
|  |  |
| 1. If No, answer the following: |  |
| * 1. Was a consultant or consultancy firm used to establish the management system? | Yes  No  Partial |
| Name of consultant: | Click here to enter text. |
| Name of firm: | Click here to enter text. |
|  |  |

**SECTION 5 – YOUR ECONOMIC SECTOR / ACTIVITY**

***Please select as applicable:***

Mining and quarrying

Concrete, cement, lime and plaster

Pulp, paper and paper products

Refined petroleum products

Chemicals and chemical products

Food products and beverages

Wholesale and Retail Trade

Hotels and Restaurants

Engineering services

Laboratory Services

Public Administration

Other: Click here to enter text.

**SECTION 6 – SCOPE OF ASSESSMENT / CERTIFICATION**

1. **Products, Processes and Legal Obligations** 
   1. Products and/or services to be certified?

Click here to enter text.

* 1. Core operational processes executed within the organization? (e.g. design, manufacture, packaging, delivery, etc.)

Click here to enter text.

* 1. Core operational processes outsourced by the organization? (e.g. design, manufacture, packaging, delivery, etc.)

Click here to enter text.

* 1. Are there any clauses of the standard which you believe are not applicable to your operations?

Click here to enter text.

* 1. Recommended Scope Statement?

(e*.g. Design, Manufacture, Sale and Distribution of Oil Based Industrial Paints)*

Click here to enter text.

* 1. Legal obligations relevant to your operations and the management system?

Click here to enter text.

1. **Human Resources, Technical Resources and Sites**
   1. Total number of employees?

*Note: This includes all persons involved within the desired scope of certification. It includes management; technical, skilled and unskilled employees; part-time and full time employees; employees working on shifts; administrative and all categories of office staff.*

Click here to enter text.

* 1. Please attach organizational chart outlining all functional areas and relationships

Document Attached:  Yes  No

* 1. Please provide details of the following technical resources:
     1. Critical plant and equipment (both hardware and software), which can have a significant impact on your product or service?

Click here to enter text.

* + 1. Critical support systems (such as transport, communication or information systems), which can have a significant impact on your product or service?

Click here to enter text.

* + 1. Critical environmental conditions (such as noise, temperature, humidity, lighting or weather), which can have a significant impact on your product or service?

Click here to enter text.

* 1. Number of permanent sites

Click here to enter text.

* 1. Number of temporary sites in operation

Click here to enter text.

* 1. Site Details:

*Note 1: Give details of all sites, including the Head Office.*

*Note 2: If additional fields are required for additional sites, please use the ADDITIONAL SITES - SUPPLEMENTARY SHEET at the end of this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Address** | **Approx Size**  **(sq feet)** | **Shift Time** | **Number of Employees** |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
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| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. |

**SECTION 7: DECLARATION**

The Trinidad and Tobago Bureau of Standards - Certification Division will review this application to determine whether we can provide the requested Certification Services. You will be subsequently informed of the decision.

Should TTBS be able to perform the Certification Service, both organizations will need to engage in a formal agreement which will be provided by TTBS and which outlines the terms, conditions and roles and responsibilities of both parties.

The applicant declares that the information given herein is correct to the best of his/her knowledge and will inform the Certification Division immediately of any changes with respect to the application.

It should be noted that changes to this application may result to changes in scope, duration and cost of the assessment and/or certification services.

Applicant Name: Click here to enter text.

Applicant Designation: Click here to enter text.

Date: Click here to enter a date.

ADDITIONAL SITES - SUPPLEMENTARY SHEET:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Address** | **Approx Size**  **(sq feet)** | **Shift Time** | **Number of Employees** |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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