***\*All fields in this application form must be completed to be considered for Registration***

Type of Application:  Initial Registration

Maintenance of Registration

|  |  |  |
| --- | --- | --- |
| 1. **GENERAL ORGANIZATION DETAILS** | | |
| * 1. Name of Organization: |  | |
| * 1. Address of Organization |  | |
| * 1. Telephone Contact (s) |  | |
| * 1. Top Manager | * + 1. *Name:* |  |
| * + 1. *Position:* |  |
| * + 1. *Tel:* |  |
| * + 1. *E-mail:* |  |
| * + 1. *Fax:* |  |
| * 1. Management Representative   *(the official representative of the organization with responsibility for maintaining Registration)*: | * + 1. *Name:* |  |
| * + 1. *Position:* |  |
| * + 1. *Tel:* |  |
| * + 1. *E-mail:* |  |
| * + 1. *Fax:* |  |
| * 1. Alternate Contact Person | * + 1. *Name:* |  |
| * + 1. *Position:* |  |
| * + 1. *Tel:* |  |
| * + 1. *E-mail:* |  |
| * + 1. *Fax:* |  |
| * 1. Date of Application:   (yyyy-mm-dd) |  | |

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| 1. **TYPE OF ACTIVITIES ( Please check all that apply)** | | | | | |
|  | Calibrating, Repairing  and Adjusting |  | Manufacturing |  | Assembling |
|  | Selling |  | Importing |  | Exporting |

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| 1. **TYPE OF DEVICES**   **(Please check all relevant fields that apply)** | |  |
| 1. Weights | |  |
| * 1. Medium and high accuracy weights used in general trade | |  |
| * 1. Precision weights for trade with valuable goods | |  |
| * 1. Weights for the verification of weighing machines | |  |
| * 1. Other (please state): |  |  |
|  | | |
| 1. Weighing Machines | |  |
| * 1. Non-automatic | |  |
| * + 1. Self-indicating | |  |
| * + 1. Semi self-indicating | |  |
| * + 1. Non self-indicating | |  |
| * + 1. Other (please state): |  |  |
| * 1. Automatic | |  |
| * + 1. Continuous totalizing (belt weighers) | |  |
| * + 1. Discontinuous totalizing (hopper weighers) | |  |
| * + 1. Weight/Price labellers and weight labellers | |  |
| * + 1. Weighbridges | |  |
| * + 1. Road Axle weighers | |  |
| * + 1. Other (please state): |  |  |

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| 1. Volume measures and measuring systems for commercial transactions | | |  |
| * 1. Volume metering devices for liquids other than water | | |  |
| * + 1. Liquid volume metering devices: | | |  |
| * + - 1. Petroleum | | |  |
| * + - 1. Liquefied petroleum gas | | |  |
| * + - 1. Lubricating oil | | |  |
| * + - 1. Other (please state): | |  |  |
| * + 1. Cold water meters | | |  |
| * + - 1. Gas volume meters | | |  |
| * + - 1. Dip sticks and dip tapes | | |  |
| * + - 1. Volume meters for commercial use (alcoholic beverages) | | |  |
| * + - 1. Fixed storage tanks | | |  |
| * + - 1. Road tankers | | |  |
| * + - 1. Non-liquid volume measures | | |  |
| * + - 1. Other (please state): | |  |  |
|  | | |  |
| 1. Length measures and measuring devices | | |  |
| * 1. Rules | | |  |
| * 1. Tapes | | |  |
| * 1. Other (please state): |  | |  |
|  | | |  |
| 1. Other Devices | | |  |
| * 1. Electrical Measuring Equipment | | |  |
| * 1. Temperature Measuring Devices | | |  |
| * 1. Other (please state): |  | |  |

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| 1. **SUPPORTING INFORMATION** | | |
| * 1. The following must be attached and submitted with this application.   Please use the checklist below to ensure that the information has been attached. | | |
|  | * + 1. The most recent articles of incorporation. | Attached |
|  | * + 1. Organization charts | Attached |
|  | * + 1. List of recognized technicians, disciplines for which they are recognized and qualifications | Attached |
|  | * + 1. List of technical resources |  |
| * + - 1. Key Plant and Equipment | Attached |
| * + - 1. Key Environmental Controls | Attached |
| * + 1. List of standards, methods and/or work instructions used for calibration and/or verification activities | Attached |
|  | * + 1. List of outsourced processes | Attached  Not Applicable |
|  | * + 1. Safety considerations at any or all sites | Attached |

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| 1. **SITE DETAILS** |

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| Total Number of sites | No of Permanent Sites | No of Temporary Sites |
|  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Site **# 1** | | | | | |
| Type of Site | Choose an item. | No of Employees |  | Approximate Size  (sq. feet) |  |
| Address | | |  | | |
| Shift Times | | |  | | |
| Type of calibrations at this site | | |  | | |

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| Site **# 2** | | | | | |
| Type of Site | Choose an item. | No of Employees |  | Approximate Size  (sq. feet) |  |
| Address | | |  | | |
| Shift Times | | |  | | |
| Type of calibrations at this site | | |  | | |

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| Site **# 3** | | | | | |
| Type of Site | Choose an item. | No of Employees |  | Approximate Size  (sq. feet) |  |
| Address | | |  | | |
| Shift Times | | |  | | |
| Type of calibrations at this site | | |  | | |

***Note: If you have additional sites please fill out the Form “Supplementary Site Details Sheet”***

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| 1. **STATE OF READINESS** | | |
| **Questions** | **Answer** | **Further Comments** |
| * 1. Are your measurement standards and devices traceable to national, regional or international standards? | Y/N |  |
| * 1. Do you have training records for recognized technicians (i.e. persons performing calibrations and verifications)? | Y/N |  |
| * 1. Have recognized technicians (i.e. persons performing calibrations and verifications) been trained to cover all aspects of the scope of your operations? | Y/N |  |
| * 1. For organizations performing calibrations, is your organization accredited? | Y/N |  |
| * 1. Is there a process for managing customer feedback and complaints? | Y/N |  |
| * 1. If you carry out product design, do you have Pattern Approval from TTBS?   ***(Applicable to Manufacturers and Importers only)*** | Y/N |  |

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| 1. **DECLARATION** | |
| I/We hereby declare that the information supplied on this form, and attached, are true and authentic.  Note: Please note that an officer of the Certification Body will contact your organizations to confirm the authenticity of the application. | Y/N |
| **Name of Applicant:** |  |
| **Position of Applicant:** |  |
| **Signature of Applicant:**  *Note 1: You may use an electronic signature.*  *Note 2: If you do not have an electronic signature you may use your work email address provided that this is not from a public email service and domain such as Hotmail, Outlook, Google which are not acceptable.*  *Note 3: If you do not have an electronic signature or acceptable email address, you can print and sign this document.* |  |
| **Date:** |  |

**END OF DOCUMENT.**