***\*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)  |  |

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

|  |  |
| --- | --- |
| 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):
 |  |[ ]

|  |  |
| --- | --- |
| 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):
 |  |[ ]

|  |
| --- |
| 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 |

|  |
| --- |
| 1. **SITE DETAILS**
 |

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

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

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

|  |
| --- |
| 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.**