

Sr. No.	Standard applied for	Product Types	Hazard Classes/ Timber Grade	Treatment Process/ Timber Grading Type	Preservative Type (if applicable)	Trade Name

Any outsourced processes

Available date for initial audit

Is your product certified from other body before? If Yes give the name of body and why do you want switchover?

Any additional information

We hereby declare that the information given above is true as per best of my knowledge and we are bound to follow the rules of certification.

Name: _____ Designation: _____

Signature: _____

For Office Use, Only:

Review Date (dd/mm/yyyy): ____/____/____

Review Questions:

1. Are the company registration forms attached with the filled in application form?

Yes

No

Comments:

2. Does ACT cover the requested Standards applied for?

Yes

No

Comments:

3. Is the information about the client and the product sufficient for the conduct of the certification process?

Yes

No

Comments:

4. Is any known differences in understanding between ACT and the client resolved, including agreement regarding standards or other normative documents?

Yes

No

Comments:

5. Is the scope of certification sought defined?

Yes

No

Comments:

6. Are the means available to perform all evaluation activities?

Yes

No

Comments:

7. Does ACT have the competence and capability to perform the certification activity?

Yes

No

Comments:

8. Is the requested trade name available?

Yes

No

Comments:

Decision on application review:

Accept application

Reject application

Comments:

Reviewed by (name):

Signature of reviewer: