

### Details of authorised representative

Name:	Position:
E-mail:	Web site:
Telephone Number:	Fax Number:

<i>New customers</i>	<input type="checkbox"/> New registration
	<input type="checkbox"/> Transfer of registration from another certification body
<i>Existing customers</i>	<input type="checkbox"/> Extend the scope of your current registration
	<input type="checkbox"/> Add a new standard to your registration
	<input type="checkbox"/> Transfer a registration from another certification body

**1. Desired Scope of Certification** What wording would you like to see on your certificate? eg “the manufacture and supply of CCA and Creosote treated timber products”

[illegible]

a)	Name of Company or Organisation
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a)	Name of Company or Organisation
	Company registration number (please attach a copy of your company registration documents with the application form)

b) Address(es) of your site(s)

Postcode- \_\_\_\_\_

If you have multi-sites, state the address of your other site

Postcode- \_\_\_\_\_

\*Only if you have more than 2 multi-sites,

state the number of sites: \_\_\_\_\_

Attach a letter to the application form stating the address of each of your sites

c) Main Processes and Operations

d) Human resources

How many employees are involved in scope applied for? \_\_\_\_\_

e) Technical resources

f)	Functions
g)	Relationships
h)	Any relevant legal obligations

**3. Are any of your Main Processes outsourced. If so, indicate what processes and how**  
Please indicate your main departments or sections (eg Marketing, Sales, Design, Purchasing)

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**4. Please indicate the standard or other requirements your company is seeking certification for (e.g. ISO 9001 or ISO 14001)**

<p>Please note:</p> <ul style="list-style-type: none"><li>• The initial certification audit comprises of two separate stages</li><li>• The results of the stage 1 audit may lead to postponement or cancelation of the stage 2 audit</li></ul>
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5. If a consultant was used to develop your management system, please give their name and company.

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6. Does your organisation currently have any registrations granted by African Certification and Testing or other certification bodies? **YES / NO**

If **YES**, please give certificate number(s) and expiry date: \_\_\_\_\_

7. If you are a new customer, how did you hear about African Certification and Testing.?

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8. Is there any additional information you feel may help us prepare your quotation? (include details of any exclusions, design / development undertaken, outsourced processes such as design, installation etc)

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*The above details help us provide an accurate quotation. All information is treated with strict confidentiality.*

Signed	Position
Date	

You can send the filled questionnaire to either of the following addresses

**1, Klaasen Street, Merrivale, Howick, Kwa Zulu Natal, 3291**

**E-mail: [admin@africancertification.co.za](mailto:admin@africancertification.co.za)**

**Website: [www.africancertification.co.za](http://www.africancertification.co.za)**

**For Office Use, Only:**

Review Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Review Questions:**

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

☐ Yes ☐ No

Does ACT cover the requested Standards applied for?

☐ Yes ☐ No

a) Is the information about the applicant and its management system sufficient to develop an audit program? ☐ Yes ☐ No

If not, comment:

b) Are there any known difference in understanding between the certification body and the applicant organisation? ☐ Yes ☐ No

If so declare the differences:

c) Does the certification body have the competence and ability to perform the certification activity? ☐ Yes ☐ No

d) Are the following taken into account?

- |                                                                                                     |                              |                             |
|-----------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1) The scope of certification sought                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) The site(s) of the applicant organisation's operations                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) The time required to complete audits and any other points influencing the certification activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Any other points influencing the certification activity                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" in (d) please describe the points:

1)

2)

3)	
4)	
<p>Conclusion of application review: I, the reviewer, hereby <input type="checkbox"/> Accept                      <input type="checkbox"/> Decline The applicant</p>	<p>If the applicant is rejected, state the reasons for declining:</p>
<p>_____</p> <p><i>Reviewed by (name)</i></p>	<p>_____</p> <p><i>Signature of reviewer</i></p>