



AUS-QUAL Pty Ltd, (A.B.N. 870 875 559 40)  
 Unit 1 / 333 Queensport Road North  
 Murarrie, QLD, 4172  
 PO Box 3403, Tingalpa DC, QLD, 4173  
 Phone: (07) 3361 9233 Fax: (07) 3361 9222

## APPLICATION FOR CERTIFICATION

### ORGANISATION DETAILS

<b>Legal name of the Organisation seeking Certification.</b>			
<b>Type of legal entity</b>	<input type="checkbox"/> Individual person <input type="checkbox"/> Corporate Body <input type="checkbox"/> Incorporated Body/Association		
<b>ACN &amp; ABN</b>			
<b>Registered Business Trading Name (if different from the above legal name)</b>			
<b>Organisation's Management System Representative</b>	Name:		
	Position:		
	Phone:	Mobile:	Fax:
	E-mail:		
<b>Mailing Address (for notices and invoices)</b>	No. & Street or PO Box#:		
	Suburb:		
	City:		
	State:	Postcode:	
<b>Main Site Address for audit</b>	No. & Street:		
	Suburb:		
	City:		
	State:	Postcode:	
<b>Approximate number of full-time equivalent Workers (including Employees, Labour Hire, Contractors, Subcontractors, etc.) at the Main Site.</b>		<b>Approximate number of temporary unskilled Workers, if any, who perform similar simple functions (e.g. fruit pickers) at the Main Site.</b>	
<b>For Organisations where the same management system is implemented at more than one permanent site and the Certification is to include these other sites, please attach a list of the addresses, telephone numbers, local contacts, number of full-time equivalent Workers and activities undertaken at each site which is remote from the Main Site.</b>			

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### CERTIFICATION PROGRAM DETAILS

<b>Certification Program(s)</b> <i>(Please list required Program(s))</i>	
<b>Audit Criteria</b> <i>(Standards / Specifications etc.)</i>	

### GENERAL BUSINESS DETAILS

<b>1. What products / services do you produce / provide?</b>	
<b>2. What is the scope of your capability that you would like to be assessed and certified? (Briefly describe your process.)</b>	
<b>3. What skills / processes do you use to produce your products or deliver your services?</b>	
<b>4. What equipment do you use to produce your products or deliver your services?</b>	
<b>5. What input raw materials / natural resources do you use to manufacture your products / deliver your services?</b>	
<b>6. What personal protective equipment / vaccinations do visitors to your premises require?</b>	
<b>7. What services do you sub-contract or purchase?</b>	
<b>8. What Consultant services do you use?</b>	
<b>9. What industry sector do you operate within?</b>	
<b>10. Are all Workers fluent in English? If not please indicate the number, their Positions and which languages they are fluent in.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. What is/ are the approximate size of the site(s) to be included in the proposed scope?</b>	
<b>12. Do you deliver your services at temporary / project locations remote from your Main Site? If so please indicate the geographical area where you provide services and the nature of the services.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>13. Do you interface with any Regulatory Agencies / Authorities when implementing your management system? If so, please list which ones.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Has your management system been designed to comply with any particular statutory legislation or similar mandatory requirements? If so please attach a list of the Legislation, Codes of Practice, Standard etc.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. Are any of your processes relatively novel, unique or complex? If so briefly summarise.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Do you undertake shift work? If so please identify the shift pattern and approximate number of Shift Workers.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17. How long has your formal management system, designed to comply with the audit criteria against which Certification is sought, been implemented?</b>	

### MANAGEMENT SYSTEMS DETAILS

<b>When do you expect to be ready for audit?</b>	
<b>Are you currently certified by AUS-QUAL or another third party Certification Body?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   (if Yes please provide details below)
	Certification Body:
	Program (eg Food Safety):
	Audit criteria / Standard(s):
	Certificate No:
	Expiration date:

### TERMS AND CONDITIONS

1. The applicant warrants the details provided in this application are correct.
  2. The applicant agrees to comply with all Terms and Conditions of Certification (including Rules, Procedures, use of Marks Licence, Fees and Charges etc).
  3. The applicant acknowledges that a contract for the supply of Certification Services shall exist upon AUS-QUAL Pty Ltd's acceptance of this application and the applicant's acceptance of AUS-QUAL's formal quote.
- Signed for and on behalf of applicant:*

<b>Signature of Applicant or Authorised Officer</b>	
<b>Full Name of Signatory.</b>	
<b>Title of Signatory.</b>	
<b>Date</b>	

<b>Office Use Only</b>	<b>Application Accepted</b>		<b>Date</b>
	<b>Application Review Completed</b>		<b>Date</b>

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