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| APPICATION FOR CERTIFICATION OF MANAGEMENT SYSTEMS | | |
| 1 | Name of the Organization |  |
| 2 | Address for Correspondence |  |
| 3 | Address of location (s) of manufacturing/service unit  Note: In case of multi-location organization, a single Corporate certification is also provided covering all locations or for each location separate application can be made |  |
| 4 | No of employees both full time and contracted |  |
| 5 | No of shifts operated |  |
| 6 | Status, incorporated or otherwise registered  (viz Proprietorship/Private Ltd/Public Ltd etc.) |  |
| 7 | Size of organization  (small/medium/large) |  |
| 8 | Chief Executive (name)  Telephone  Email |  |
| 9 | Contact Person (name)  (for all correspondence with LSCU)  Telephone  Email |  |
| 10 | Certification applied for  (tick as applied for) | ISO 9001 |
| 11 | If any consultant for assisting in implementation of management system, is used, provide details |  |
| 12 | Name of all products and/or services of the organization |  |
| 13 | Proposed Scope of Certification (activities/products/services/locations that are covered under QMS) |  |
| 14 | If any requirement of ISO 9001 is excluded, if yes provide details |  |
| 15 | Details of statutory/regulatory requirements applicable for products/services in the scope of QMS |  |
| 16 | Details of outsourced processes relating to products/services in the scope of QMS, if any |  |
| 17 | Details of product certification obtained (viz title and number of Lao or other national standard used, name of certification body etc.) |  |
| 18 | Details of product testing facilities available with the organization |  |
| 19 | Details of QMS Documentation developed |  |
| 20 | How long QMS has been implemented (minimum 3 months is the requirement) |  |
| 21 | If at least one internal audit and management review conducted, indicate dates |  |
| 22 | Details of management systems certification, if any, earlier obtained and their validity |  |
| Declarations  *We agree to;*   * *Abide by the requirements of LSCU* * *Pay all fee and applicable charges as prescribed by LSCU* * *Inform LSCU of any change(s) in the top management and product/ process/ services and abide by the decision LSCU on changes* * *Undertake that, should any information furnished is found to be incorrect, the application may be rejected forthwith.* * *Undertake to cease with immediate effect, use of certificate and its logo in the event of termination/reduction/withdrawal/cancellation of certification and return the certificate and all related documents to LSCU* * *Sign the Certification Agreement and abide by all the conditions stated therein* * *Provide a copy of QMS documentation for review to LSCU, when demanded*   Note: Before making an application for certification, applicants should examine the following documents available on DOSM/LSCU website:   * 1. Draft certification Agreement   2. LSCU’s Certification Procedure   3. Guidelines on use of Logo and Certificate of LSCU   4. LSCU’s Fee Schedule | | |
| Signature:  Name:  Designation:  Dated: | | |