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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 unitNote: 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)TelephoneEmail |  |
| 9 | Contact Person (name)(for all correspondence with LSCU)TelephoneEmail |  |
| 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

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| Signature:Name:Designation:Dated: |