

Application for Certification, Trademark Licence and Assessment Services: Management Systems



All applicants must complete all applicable sections. Please use BLOCK LETTERS.

1. Organisation information

Registered Company / Organisation	Name			
	ACN	ABN	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other	
Any additional trading name/s to appear on certificate: (attach if more space is required)				
Management representative: (person who has the applicant's authority in relation to the certification process and approval of invoices)	Name			
	Position		Telephone	
	Fax		Email Address	
Mailing address: (for correspondence)	Street No. & Address			
	Suburb		City	
	State		Country	Postcode
Contact for accounts payable	Name			
	Position			
	Telephone	Fax	Email Address	
Mailing address for invoicing If same as above, write 'SAME'	Street No. & Address			
	Suburb		City	
	State		Country	Postcode

1. Organisation information (continued)

<p>Which service/s do you wish to apply for? (tick all those applicable)</p>	<p>Quality</p> <p><input type="checkbox"/> Quality Endorsed Company – ISO 9001</p> <p><input type="checkbox"/> QEC – Small Business Option (conditions apply)</p> <p><input type="checkbox"/> Registered Automotive Workshop Scheme (RAWS)</p> <p><input type="checkbox"/> ISO/TS 16949</p> <p><input type="checkbox"/> LAW 9000: Legal Best Practice</p> <p>Disability Services Certification</p> <p><input type="checkbox"/> DSC Disability Support Certification (For Disability Employment Services) Complete and attach document QEF 15.D</p> <p><input type="checkbox"/> DSP Disability Sector Program (Including Organisations receiving State Government Funding) Complete and attach document QEF 15.S</p> <p>Also select Quality option above if combining with ISO 9001</p> <p>Food Safety</p> <p><input type="checkbox"/> ISO 22000</p> <p><input type="checkbox"/> HACCP Verification</p> <p><input type="checkbox"/> BRC Global Standard – Food</p> <p><input type="checkbox"/> BRC Global Standard – Packaging</p> <p><input type="checkbox"/> WQA</p> <p><input type="checkbox"/> GlobalGap</p> <p><input type="checkbox"/> SQF 1000</p> <p><input type="checkbox"/> SQF 2000</p> <p><input type="checkbox"/> Coles Supplier Requirements</p> <p><input type="checkbox"/> IFS</p> <p><input type="checkbox"/> Food Safety VIC</p> <p><input type="checkbox"/> McDonald's</p> <p><input type="checkbox"/> Spotless</p> <p><input type="checkbox"/> Others</p> <p>Also select Quality option above if ISO 9001 is required</p>	<p>Environment</p> <p><input type="checkbox"/> Certified Environmental Management – ISO 14001 Complete and attach document QEF 15.A</p> <p>Occupational Health and Safety</p> <p><input type="checkbox"/> AS/NZS 4801</p> <p><input type="checkbox"/> OHSAS 18001</p> <p><input type="checkbox"/> Safety MAP (please tick one)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Initial level <input type="checkbox"/> Advanced level</p> <p><input type="checkbox"/> InjuryMap</p> <p>Complete and attach document QEF 15.B</p> <p>Information Security</p> <p><input type="checkbox"/> ISO/IEC 27001:2005</p> <p><input type="checkbox"/> ISO 20000</p> <p>Complete and attach document QEF 15.C</p> <p>Health and Medical Devices</p> <p><input type="checkbox"/> Health-9000 (includes Private Sector Quality Criteria)</p> <p><input type="checkbox"/> ISO 13485:2003</p> <p>Complete and attach document QEF 15.E</p> <p>Forestry</p> <p><input type="checkbox"/> AS 4708 Australian Forestry Standard</p> <p>Complete and attach document QEF 15.F</p> <p>Aerospace</p> <p><input type="checkbox"/> Aerospace management – AS 9100</p> <p>Market Research</p> <p><input type="checkbox"/> ISO 20252: 2006 Market and Social Research</p> <p>Complete and attach document QEF 15.H</p> <p>Also select Quality option if combining with ISO 9001</p>
<p>Other (eg once-off assessment, vendor/supplier assessment, gap analysis, other standard. Please specify)</p>		

2. Site Information

A) Main Site Address (where audit will take place). Refer below if applying for **additional** sites.

Street No. & Address					
Suburb			City		
State	Postcode	Country	No. of consumers (Disability Support Applicants only)		
Contact Name		Ph	No of employees		
Fax		Email			
B) Additional sites to be audited/covered by the Certification or Assessment. Correspondence and invoices will be sent to the mailing address shown on page 1, unless advised otherwise. (Attach additional sheets if required). Separate applications must be completed for any locations not represented by the applicant's representative nominated on page 1.					
Site 1 Address					
			No. of consumers (Disability Support Applicants only)		
Contact Name		Ph	No of employees		
Fax		Email			
Site 2 Address					
			No. of consumers (Disability Support Applicants only)		
Contact Name		Ph	No of employees		
Fax		Email			

2. Site Information (continued)

Please provide a list of staff position titles and the number employed in each category (eg. tradespeople, drivers, designers, managers, accountants etc). Larger organisations may list departments instead of titles. Attach additional sheets if required for each site/department.

Position or title / Name of department	Full Time	Part Time	Casual	Contractors
	Head Office		Other Sites	
Standard hours of business operation				
Number of shifts				

3. Management systems information

When do you expect the management system to be ready for the first audit?			
Is the system for which you seek certification or assessment integrated with any other management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please describe		
Do you currently have any management systems certified by SAI Global or any other certification body?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by which certification body?		
	Program (eg. Food Safety)	Standard	Certificate No.
Do you require information about any other services which will support your business objectives?	<input type="checkbox"/> Product Certification <input type="checkbox"/> Publications <input type="checkbox"/> Export Services <input type="checkbox"/> Co-registration with an overseas certification body <input type="checkbox"/> Management System Training (understanding, document, internal auditor training)		<input type="checkbox"/> Other (please specify)
Are you using a consultant to develop your system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide the consultant's name and contact information.			
Source from which you have heard about SAI Global:			
<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Conference / Exhibition. Please specify	
<input type="checkbox"/> Word of mouth		<input type="checkbox"/> Referral	
<input type="checkbox"/> Advertising		<input type="checkbox"/> Trade Journal. Please specify _____	
<input type="checkbox"/> Promotional letters		<input type="checkbox"/> Google Adwords	
<input type="checkbox"/> Website			
<input type="checkbox"/> Other – Please specify _____			

4. General business information

For multi-sites, please identify specific site activities – copy and then attach additional pages if required.

Please list the range of products and/or services that your organisation provides:	
Please provide a list of the main functions within your organisation (eg: design, production, management, sales):	
Please list the core processes (eg. assembly, machining, consulting, servicing) within your organisation and the main technologies used:	
Please define which processes are outsourced:	
Does your business conduct, or is it responsible for the design of services/products supplied to the customer? (If so, please specify examples of the complexity and responsibility involved.)	
What type of equipment do you use (eg. computers/printers, lathes, delivery vans, digital scanners, pollution control equipment, scrubbers, analytical equipment, injection moulders etc.) ?	
What sort of continuous improvement methods have you implemented? Are the results available?	

Important – Please complete prior to submitting application form

Occupational Health & Safety

We at SAI Global care for the safety and the well being of our staff. Please indicate through the following checkboxes any special details regarding safety whilst at your premises:

- There are no industry-specific safety risks or equipment applicable.
- The following Personal Protection Equipment (PPE)/Safety Equipment is required to be supplied by the Auditor:
Shoes,
- We will supply all other PPE
- A safety induction is required for entry into the premises/site (this time is additional to any audit duration)

Comments:

5. Application fees for all programs

		Total Fee	
		Fee	GST incl
Application	Quality, Environment, OHS, SafetyMAP, British Retail Consortium (BRC), Information Security, Market Research, ISO/TS 16949, Registered Automotive Workshop Scheme (RAWS), Health-9000, Forestry, Aerospace, ISO 22000		
	Quality (Small Business), InjuryMAP, HACCP Verification, EurepGap, WQA, NFPA, IFS		
	Disability Support Certification, Disability Sector Program		
	LAW 9000: Legal Best Practice		
Additional Sites (if applicable)	Quality, Environment, OHS, SafetyMAP, British Retail Consortium (BRC), Information Security, Market Research, ISO/TS 16949, Registered Automotive Workshop Scheme (RAWS), Health-9000, Forestry, Aerospace, ISO 22000 2-9 Sites 9+ Sites		
	Disability Support Certification, Disability Sector Program 2-9 Sites 9+ Sites		
	InjuryMAP, HACCP Verification, EurepGap, WQA, NFPA, IFS 2-9 Sites 9+ Sites		
	LAW-9000 2-9 Sites 9+ Sites		

A formal quotation for daily and annual fees (if applicable) will be compiled on receipt of your application

Application fee for first site	\$	Cheques to be made payable to: SAI Global Limited. Please attach a cheque to this application or complete credit card option.
Application fee for additional site/s	\$	
A cheque is enclosed for total	\$	

Credit Card	Please charge (tick where applicable)		Expiry date
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express		
	Card No.		
	Cardholder's name (please print)		Signature

6. Terms and conditions

- The applicant warrants that the information provided in this application form is correct.
- The applicant acknowledges that it has received and agrees to abide by the following contractual documents:
 - SAI Global Terms and Conditions for Certification, Assessment Services;
 - Certification Procedures relevant to the Certification Services requested (strike out if not applicable); and
 - Terms and Conditions of the Certification Mark Licence (where relevant).
- The applicant agrees that:
 - when SAI Global accepts this application in writing; or
 - if the application is not accepted in writing, when SAI Global starts to supply Certification or Assessment Services to the applicant; there is a contract for the supply of Certification or Assessment Services upon the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect of the certification services, as calculated in accordance with the agreement reached with SAI Global.
- The applicant agrees that if SAI Global issues a certificate and licence to the applicant for the use of any Trade Marks (such as the StandardsMark), the applicant will use the Marks in accordance with the Certification Mark Licence Terms.
- This application remains valid for twelve months from the date at which the application was made, after which period the application will expire.
- All fees paid are non-refundable.

Signed for and on behalf of applicant*	Signature of applicant or authorised officer of the applicant	Date
	Full Name (BLOCK LETTERS)	Title

* Applicants may undergo a check on credit history through existing Creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application.

** Attach additional pages as required.

Your Privacy

SAI Global and its subsidiaries (the SAI Global Group) respect stakeholders' privacy at all times. When processing your order or application we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from the SAI Global Group and to contact you in relation to these products and services. As we value your privacy we do not make your personal information available to other organisations without your explicit consent, and you have the right to gain access to this information. For more information please see our Privacy Policy on our website www.sai-global.com

Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by e-mail: privacyofficer@sai-global.com

SAI Global Offices

SAI Global office use only	
Date Application Received	
Create new client	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other SAI GLOBAL program (e.g. CEM, OHS?)	Integrated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Number	App/Cert Number
Preferred Auditor	
Client Coordinator	
Sales Person	Technical Spec.
Contract reviewed by:	Date:
Region Code	Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No
Daily Rate (ex GST)	\$
Half Day Rate (ex GST)	\$
Hourly Rate (ex GST)	\$
Audit Type (e.g. PA, CA)	
Audit Hours	
Date of Audit	
ACT ID	
ANZIC Codes	
Additional site ANZIC	
Competency Codes	
Application Fee Due	\$
Application Fees Received	\$
Other fees Due	\$
Total amount to be invoiced	\$
Application Invoice Number	QINV
Invoiced by	Date
SBP DD sent to account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Details Entered into system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification Billing Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Renewal Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
OHS details entered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entered in Peoplesoft by	
P/Fcast:	
Audit:	Annual:
Notes	

Return completed application form with payment to;
The Customer Service Manager
SAI Global at your nearest office

Australia

Customer Service

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Sydney NSW 2000
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