

## 1. Client Details

For a formal written quotation of audit fees, please complete in detail and forward to our office.

<b>Company or Organisation Name:</b>			
<b>Address:</b>			
<b>Client ID:</b>		<b>Phone</b>	
<b>Website:</b>		<b>Email</b>	
<b>Contact:</b>		<b>Position</b>	

### 1.1. For New Clients

Please indicate your reason for this application.

<input type="checkbox"/> We are a new company / organisation seeking certification.	<input type="checkbox"/> We wish to transfer our certification registration from another Certified Accreditation Body (Please complete sec. 1.1.1 below)
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#### 1.1.1. Certification Transfer Details

CAB Transferring Certification: (Include Legal Entity name)	
<b>CAB Name:</b>	
<b>Contact Name:</b>	
<b>Contact Details:</b>	
<b>Date of last completed Audit: (Recertification / Surveillance / Maintenance)</b>	Week commencing:
<b>Outstanding Nonconformances:</b>	
<b>Date next Audit due: (Recertification / Surveillance / Maintenance)</b>	Week commencing:
<b>Certificate Expiry Date:</b>	

## 1.2. For Established Clients - Notice of change

Do you wish to do any of the following?	
<input type="checkbox"/> Extend the Scope of your registration	<input type="checkbox"/> Add a new standard to your registration
<input type="checkbox"/> Reduce the scope of your registration	<input type="checkbox"/> Transfer your registration from another Certified Accreditation Body Other
<input type="checkbox"/> New legal, commercial or organisational status or ownership	<input type="checkbox"/> New sites opened
<input type="checkbox"/> Changes to Board or key managerial staff	<input type="checkbox"/> New Head office
<input type="checkbox"/> Major changes to the management system and processes	<input type="checkbox"/> Other

## 1.3. Standard(s) applicable to your application

Please indicate the Standards(s) in scope as applicable:

<input type="checkbox"/> ISO 9001:2015	<input type="checkbox"/> Other: _____
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## 1.4. Length of Certification(s)

How long has your company / organisation-maintained certification to:

<input type="checkbox"/> ISO 9001:2015: _____ years	<input type="checkbox"/> Other: _____ years
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## 1.5. Please detail the current certification scope of your organisation/company.

## 1.6. What are the main services and operations delivered by your organisation

Please provide information about your main operations and the services you offer.

# F47 Client Application for Certification–ISO 9001



## 1.7. Branch(es), Outreach or Virtual Sites / Office(s)

Please provide full details of addresses, full time equivalent (FTE) numbers of staff and activities undertaken at these locations. **(Add extra pages as required)**

Site or Office Name	Site Address	No. Staff FTE	Services/production / operations delivered at this site

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## 1.8. Materials and Equipment

Please provide details of the main materials and equipment located at your services as appropriate, e.g., Computers, laptops, tablets, buildings, vehicles, office equipment, paper, inks and perishables etc

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## 1.9. Registrations

Does your organisation currently have any other certification registrations granted by QIP Certifications or other certification bodies?  Yes /  No

If **YES**, please provide certificate number(s) and expiry date(s):

Certification Body	Certification Type	Registration Number	Certificate Expiry Date

## 1.10. Shift Employment

Do you operate any shift-work at sites detailed in Section 1.7?  Yes /  No

If **yes**, please complete the table below:

Site addresses with shift work	Shift times	Number of FTE staff at each site

*\*Please note if Sections 1.7 and 1.10 are incorrect, an accurate quote cannot be calculated.*

# F47 Client Application for Certification – ISO 9001

## 1.11. Use of Consultants

Has a consultant been engaged to assist with improvement to your management system?  Yes /  No

If yes, how long ago? \_\_\_\_\_

Please provide details:

## 1.12. Additional Information

Please provide any important additional information that could assist us to prepare your Certification Quote? (Include details of any outsourced processes, brokerage and/ or subcontracting agreements etc.)

## 1.13. For New Clients

How did you hear about QIP Certifications?

QIP Certifications Website	<input type="checkbox"/>	Recommendation from colleague/peak body	<input type="checkbox"/>
AGPAL Website	<input type="checkbox"/>	Recommendation from consultant/other	<input type="checkbox"/>
QIP Certifications Brochure	<input type="checkbox"/>	Conference information or contact	<input type="checkbox"/>
AGPAL National Development Team	<input type="checkbox"/>	Search Engine – Google or Bing etc.	<input type="checkbox"/>

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## 2. Your Details

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

<b>Name:</b>	
<b>Position:</b>	
<b>Date:</b>	

## 3. Forward your application

You can send your completed application by:

<b>Post</b>	<i>Quality Innovation Performance Certifications Pty Ltd</i> PO Box 2058, Milton, QLD, 4064
<b>Email</b>	<a href="mailto:contact@qipcertifications.com.au">&lt;contact@qipcertifications.com.au&gt;</a>
<b>Fax</b>	07 3876 6373