

# Certification Application form

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**Thank you for choosing The HPA Ltd as your certification partner.**

To help us deliver the service you require please complete the following details.

Your name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Organisation's name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

## **Registration Required**

*Please state the Standard(s) for which you require certification:*

ISO9001 ☐ ISO14001 ☐

## **Exemptions in ISO9001:2008**

Within the scope for certification:

Do you design and/or develop the products and services you supply? Yes / No

Do you design and/or develop the way / method to deliver products and services to customers excluding minor local improvements? Yes / No

Are there any products / services you supply which can not be verified by subsequent monitoring or measurement or where deficiencies only become apparent after the the product is in use or after delivery? Yes / No

Do you incorporate any property belonging to the customer into the products and services you supply to them? Yes / No

## **Details of Scope**

*Briefly describe the organisation's activities including any relationship as part of a larger organisation:*

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*Detail any significant aspects of your processes or operating methods that you feel may affect planning and implementing our certification activities:*

*Briefly describe the organisation's products and services and any relevant legal obligations you have to meet:*

*Describe the scope of registration that you require, including the geographical areas and the address of physical locations that you wish to include. This is to be the scope description that appears on your certificate subject to the final assessment:*

*Number of sites to be covered:\_\_\_\_\_ Number of employees in scope:\_\_\_\_\_*

## **Additional information**

*Approximate turnover of organisation within the scope: \_\_\_\_\_*

*Date by which you require the Registration to be issued: \_\_/\_\_/\_\_*

*Details of any outsourced activity that will impact on the product or service you provide within the scope to be registered:*

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*Have you used a consultant who has told you what to do or implemented solutions within your business as part of this management system? (This excludes the provision of generic tools, techniques, training and advice that you have then subsequently applied yourself)*

If so, please provide their name, contact details and extent of that assistance:

*Please provide details of the invoicing address and the name of the person responsible for your organisation's management system if different from above:*

By signing this application you confirm that the services will be delivered in accordance with the proposal dated..... and HPA terms and conditions unless otherwise agreed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **For The HPA use only:**

Record result of Application Review

Signed by:.....

Date: .....