## **Testing Enquiries**

This questionnaire helps us to understand your business and provide you with the best possible service. Your co-operation in completing all sections is appreciated.

This form has been specially enabled to be filled out in Acrobat reader. Just click on a line to start typing. When completed save your file and email back to testing.services@bsigroup.com or directly to your sales contact.

1	Company Details			
	Registered company name:			
	Address to appear on Test report/s:			
		Postcode:		
	Tel: Fax:	Website:		
	Company Registration Number:	Number (where applicable):		
	Company trading name if different from above:			
2	Company Contact Details			
	Primary contact:	Secondary contact:		
	Name:	Name:		
	Tel:	Tel:		
	Mobile:	Mobile:		
	Email:	Email:		
	Position:	Position:		
	Details of agent/consultant that you authorise to act on your behalf (if applicable):—			
	Contact name:Tel:	Email:		
2	Invoice address (if different from above)			
٦	,			
		Contact		
		Postcode:		
		Email:		
		Number (where applicable):		
	company registration variables	Total Ser (where applicable).		
4	Manufacturer's Location (if different from above)			
	Company name:	Contact:		
	Address:			
		Postcode:		
	Tel:	Email:		
	Company Registration Number:	Number (where applicable):		



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5	Testing Requirements				
	Please state the standards/specifications to which your products are to be assessed e.g. BS123	34:			
	Please state the scope of products for testing (as appropriate please provide models, types, size	es and families etc.):			
	How many people are directly involved in the production of the products detailed above?:				
6	Quality System				
O	Do you have a documented Quality System?	Yes	No		
	If YES, Is it certified to ISO 9001?	Yes	No		
	If YES, Who is the certification held with?:				
	The first of the equalication held with the first of the				
7	Other Information				
	Please give details of any certification granted by other certifying bodies:				
	Do you currently supply the product you require testing?:	Yes	No		
	Approximate number, quantity or volume supplied per annum?:				
	From date do you require a testing to be completed?:				
	What has made you decide to approach BSI about this service?				
	European legislation* Differentiate your produ	ct or service in the marketp	olace*		
	Access to other industry schemes*  Other*				
	* Please describe within this box				



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8	Environmental Policy					
	BSI has an environmental policy whereby we are committed to controlling and improving our environmental performance in relation to our licensing activities. To assist in supporting this policy please list below (or on a separate sheet) the materials used in the products to be tested:					
9	Safety Policy					
	Does the product require special handling or storage?	Yes		No		
	If YES, give details:					
	Please list the Personal Protective Equipment or any specialized training required by y	our organization's Safe	ty Policy			
Th	ank you for your co-operation in completing this questionnaire.					
	ase return to: BSI Group, Kitemark Court, Davy Avenue, Knowlhill, Milton Keynes, MK5 8 ting.services@bsigoup.com or directly to your sales contact.	SPP UK or by email to				
Sig	inature*: Da	te:				
Na	me:	sition:				
* S	ignature may be omitted when you are sending the form back electronically.					
Ple	ase add or attach any information which you think would help us in processing your e	nquiry				



BSI Group Kitemark Court Davy Avenue Knowlhill Milton Keynes MK5 8PP