This profile will help BSI deliver the best possible service in processing and assisting the application. Information provided will remain confidential at all times, please complete and return to BSI.

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| Section A - Company Contact Details | | | |
| **Company Name** |  | | |
| **Address** |  | | |
| **City** |  | **Country** |  |
| **Tel** |  | **Fax** |  |
| **Email** |  | **Website** |  |
| **Nature of Business** |  | | |
| **Contact Person** |  | | |
| **Position** |  | **Email** |  |
| **Tel** |  | **Mobile** |  |
| **Do you trade under any other trading names?** | | **YES/NO** | |
| **If YES, please give further details** | |  | |
| **Is your firm part of a large organization?** | | **YES/NO** | |
| **If so, please give name of parent company:** | |  | |
| **Are you already registered with another certification body?** | | **YES/NO** | |
| **If so, please name certification body and certification type** | |  | |
| **Does the firm consist of several premises all contributing to the overall certification? If yes please complete section D below** | | **YES/NO** | |
| **Nature of the organisations activities** | |  | |

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| Section B - Employee & Vehicle Details | | | |
| **Total number of employees in company** |  | **Total at this address** |  |
| **Number of employees to be covered by certification** |  | **Number Of Vehicles Operated** |  |
| **Does your company work shift systems?** | **YES/NO** | | |
| **Average Distance travelled per Vehicle in the previous 12 months** |  | | |
| **Number of vehicle accidents in last 12 months regardless of liability** |  | | |
| **Does your company operate on customer premises?** | **YES/NO** | | |
| **Are you using or contemplating the use of a consultant?** | **YES/NO** | | |
| **If so, please name** |  | | |
| **What is your target date for achieving certification?**  **(or transfer of registration if already registered with another certification body)** |  | | |
| **Is your management system ready for assessment yet?** | **YES/NO** | | |

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| Section C - Additional Information |
| **If any additional information is appropriate please detail below (attach extra page if short of space)** | |
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| Section D - Additional locations if applicable (attach extra pages if necessary) | | | |
| **Name and Location details** |  | | |
| **Employee and vehicle details on additional locations** | | | |
| **Number of employees to be covered by certification** |  | **Number Of Vehicles Operated** |  |
| **Average distance travelled per vehicle in the previous 12 months** |  | **Number of vehicle accidents in last 12 months regardless of liability** |  |
| **Other relevant information** |  | | |

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| Section E- Additional services |
| **ISO 39001 Training Yes/No Entropy Software Yes/No OHSAS 18001 Yes/No ISO 14001 Yes/No** |

**Completed by:**

**Date:**