



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 Applicant Details

Registered company name:
Address to appear on Certificate:
..... Postcode:
Tel: Fax: Website:
Company Registration Number: VAT Number (where applicable):
Company trading name if different from above:

2 Applicant 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:

3 Invoice address (if different from above)

Company name: Contact:
Address:
..... Postcode:
Tel: Fax: Email:
Company Registration Number: VAT Number (where applicable):

4 Manufacturer's Location (if different from above)

Company name: Contact:
Address:
..... Postcode:
Tel: Fax: Email:
Company Registration Number: VAT Number (where applicable):

5 Certificate Requirements

Please state the standards/specifications to which your products are to be assessed e.g. BS1234:

Please state the scope of products for assessment (as appropriate please provide models, types, sizes and families etc.):

How many people are directly involved in the production of the products detailed above?:

6 Quality System

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?:

7 Other Information

Please give details of any certification granted by other certifying bodies:

Do you currently supply the product you are applying for?: Yes No

Approximate number, quantity or volume supplied per annum?:

From what date do you require a licence/certificate?:

What has made you decide to approach BSI about this service?

- | | |
|---|--|
| <input type="checkbox"/> Kitemark has been specified* | <input type="checkbox"/> Differentiate your product or service in the marketplace* |
| <input type="checkbox"/> European legislation* | <input type="checkbox"/> Access to other industry schemes* |
| <input type="checkbox"/> Other* | |

* Please describe within this box

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:

[Empty text box for environmental policy details]

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 your organization's Safety Policy

[Empty text box for safety policy details]

Thank you for your co-operation in completing this questionnaire.

Please return to: BSI Group, Kitemark Court, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PP UK or by email to testing.services@bsigroup.com or directly to your sales contact.

Signature*: Date:

Name: Position:

* Signature may be omitted when you are sending the form back electronically.

Please add or attach any information which you think would help us in processing your enquiry

[Empty text box for additional information]



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