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| --- |
| **Company Name:** **Date:**       |
| **Address:** |                                | **Correspondence address (if different)**                          |
| **Tel:**       | **Fax:**       | **Website:**       |
| **Contact:**       | **Position:**       | **email:**       |
| **Deputy:**       | **Position:**       | **email:**       |
| **Type of Application (select one): Initial [ ]  Extension [ ]  Modification** **[ ]**  |
| **Additional Sites?** | Yes **[ ]**  No **[ ]**  | **If ‘Yes’ please fill in separate application for each site.****Number of employees at this location:**       |
| **Quality System****BS EN ISO 9001** | **With BSI? Yes** **[ ]**   **No** **[ ]**  | **State certificate Number:**       |
| **Approval Body:**       **Accreditation:**       |
| Specify component types for which approval is sought, (eg, capacitors, switches):      | Will these be held in stock?Yes **[ ]**  No **[ ]**  |
| Specify the scope for which distributor approval is sought: |
| Component Type(s) | Generic Specification | Approved Source(s) |
|       |       |       |
| Any other quality system approvals held:BS9000_Logo R      |

