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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 | | | | | | | | | | |

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