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| Company Name:       Date: | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | |
| Tel: | | | | MOB: | | | | | | | | | | | | Website: | | | |
| Contact Name: | | | | | | | | | Position: | | | | | | | | | | Email: |
| Number of employees at this location involved in QC 080000 compliance:  *(Application to QC 080000:2017 mandatory after 1 July 2018)* | | | | | | | | | | | | | | | | | | | |
| Additional Site(s): | | | | | If ‘Yes’ please fill in separate application for each site | | | | | | | | | | | | | | |
| If additional site(s), is a common Quality Management System in use? - | | | | | | | | | | | | | | | | | | | |
| European Directive: RoHS , WEEE , Batteries , Packaging ,  China RoHS , Green Process Supplier and Manufacturing requirements ,  Customer Specified Requirements , (Please tick all that apply) | | | | | | | | | | | | | | | | | | | |
| Other National Regulation: | | | | | | | | | | | Other Requirement: | | | | | | | | |
| Business Type: (Please tick all that apply)  Electrical / Electronics Designer  Electrical / Electronics Manufacturer  Electrical / Electronics Distributor  Electrical / Electronics Kitting | | | | | | | | | | Electrical / Electronics Assembler  Electrical / Electronics Importer  Electrical / Electronics Exporter  Electrical / Electronics Rework & Repair  Electrical / Electronics Raw Material Supplier  Other: | | | | | | | | | |
| List types / families of products for which process approval is sought: | | | | | | | | | | | | | | | | | | | |
| Quality System: | | | BS EN ISO 9001: 2008 with BSI?  BS EN ISO 9001: 2015 with BSI  *(Application to 2015 mandatory after 14 Sept 2018)* | | | | | | | | | | | BSI Certificate Number: | | | | | |
| If No state: | | Approval Body: | | | | | | | | | | Accreditation Authority: | | | | | | | |
| Please attach copy of the certificate to this application or state why it is not attached: | | | | | | | | | | | | | | | | | |
| Quality Manual: | | | | Ref: | | | | | | | | | Issue / Date: | | | | | | |
| HSPM Documented Requirements: | | | | | | | | Ref: | | | | | | | | | | Issue / Date: | |
| Responsibility for HSPM: | | | | | | Name: | | | | | | | | | | | Position: | | |
| Tel: | | | | | | | MOB: | | | | | | | | Email: | | | | |
| **For IECQ HSPM approval the above named is the Designated Management Representative (DMR)** | | | | | | | | | | | | | | | | | | | |