

# Management Systems Certification

## Client Profile



### Client Profile Completion Guidance Notes

Information provided will be used for the evaluation of the audit time in our quotation and assignment of competent assessors. Please complete all boxes. Insert N/A if the answer is not applicable. If you are an existing client, applying for Extension to Scope of registration, or Recertification, please indicate any changes/additions only (i.e. additional sites, activities, management systems etc.) in the relevant sections.

### A. Company/Organisation Details

<b>Company Name</b> <i>(in legally correct form as this will appear on the Certificate)</i>	<b>Company Website</b>		
<b>VAT Number</b>	<b>Companies House Registration No.</b>		
<b>Main Address</b>		<b>Invoice Address</b> <i>(If different to main address)</i>	
<b>Address Line 1</b>			
<b>Address Line 2</b>			
<b>Town / City</b>			
<b>County</b>			
<b>Post Code</b>			
Main Telephone No: ( ) <i>(inc Area code)</i>	<b>Fax :</b>	Main Telephone No: ( ) <i>(inc Area code)</i>	<b>Fax :</b>
E-mail:		E-mail:	
<b>Our Main Contact:</b>		<b>Company Management Rep</b> <i>(if different from main contact) :</i>	
Telephone <i>(inc Area code)</i> : ( )		Telephone <i>(inc Area code)</i> : ( )	
Mobile:		Mobile:	
E-mail:		E-mail:	

### B. Certification Requirements

<b>Please tick below what certification services you are requesting against the Standard(s)</b>									
ISO9001:2008	<input type="checkbox"/>	ISO14001	<input type="checkbox"/>	OHSAS 18001	<input type="checkbox"/>	AS9100	<input type="checkbox"/>	PAS43	<input type="checkbox"/>
If you are applying for Extension to Scope, please define the type of extension:									
Are you applying for an Additional standard(s)?	Yes/No	If yes, show the new Standard(s) required:							
Would you like to have an Integrated Management System (IMS) audit?	Yes/No	If yes, show the Standards covered by the IMS:							
Are you applying for New site(s) and/or processes?	Yes/No	If yes, please show in the Main Processes/Activities table below, including number of staff and shifts.							
Do you require a transfer from another Certification Body?	Yes/No	If yes, please send us a copy of your certificate and the last 2 audit reports.							
Please indicate when you would like your first assessment visit from TUV UK:									

### C. Scope/Processes

<b>Proposed scope for certification</b> <i>(Business activity to appear on Certificate):</i>
<b>Are any of the processes/activities covered within this scope outsourced</b> <i>(e.g. Design, manufacturing, installation etc?)</i> Yes/No If yes please specify:
<b>Total number of full time Staff?</b>
<b>Please indicate how you are organised and managed</b>
<b>Breakdown of job function</b> <i>(e.g. 3 Management, 5 admin, 3 design, 10 workshop, 4 architects, 2 own installers ect.)</i>

Prepared by: Tanya Kuchukova	Reviewed by: Peter Blackwell	Authorised by: Ralf Thomsen	Document ID: QACERT	Date: 28/05/2010	Revision: 12
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Main Processes/Activities				
Addresses	Postal / Area Code	No: of People	No: of Shifts	Processes/Activities at this location
Head Office.				
Site 2.				
Site 3.				
<i>(If there are more addresses, please provide on a separate sheet to this table)</i>				
Please give us an idea of the readiness of your Management Systems for Certifications				
Implementation date of the system DD/MM/YYYY			Certification required on/before DD/MM/YYYY	
Have management reviewed the system? Yes/No			Have internal audits been done? Yes/No	
Are any exclusions to the Standard clauses requested? (e.g. 7.3 design) Yes/No				
These are:				
Because:				

## D. Environmental Management Systems (ISO14001) Information Required

Significant Environmental Aspects/Impacts: <i>(eg. Waste, Energy usage, Chemicals)</i>			
Most applicable Environmental Legislation:			
Licences and Authorisations, that you have: <i>(i.e. IPPC Permits, Discharge Consents, etc.)</i>			
EMS contact, if different from the one shown in Section A			
Name:		Tel/mob:	
Position:		E-mail:	

## E. Additional Information

Do you know of specific laws/regulations, directives, government schemes, guidelines or standards relating to your service/product? Yes/No			
If yes please assist us by listing the most important ones here:			
Are there any special safety requirements or security clearances needed to visit your site(s)? (e.g. MoD clearance) Yes/No			
If yes please specify:			
Have you employed a Management Systems consultant?	Yes/No	Name of consultant & Co name (if any)	
How did you hear of TÜV UK?		Please tick if you would like more information of the following: ISO9001 <input type="checkbox"/> , ISO14001 <input type="checkbox"/> , OHSAS18001 <input type="checkbox"/> , AS9100 <input type="checkbox"/> , PAS43 <input type="checkbox"/>	

## F. Document Completion

	DD/MM/YYYY		DD/MM/YYYY
Completed by	Date	Agreed on behalf of the client (if different)	Date

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