

ATTACHMENT A
COMPANY INFORMATION:

Section A is Mandatory Data Required for all Management System Certifications.

Registered Company Name:
Trading Name if Different:
Is the Company Affiliated with any other Company if Yes Please describe:
Proprietors Name:
ABN Number:
Company Address:
Postal Address if different:
Client Contact Name:
Contact Details:

Phone	E-Mail	Fax	Web Site

Are there any activities covered the company which is carried out in different locations from your above address?

Site Location	Activity	Number of Staff	Shift Work
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Which of the following industries best describes your Organisation?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Mining | <input type="checkbox"/> Food / Agriculture | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Aviation |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Government | <input type="checkbox"/> Health | <input type="checkbox"/> Hotel / Tourism |
| <input type="checkbox"/> Other - please specify | | | |

ORGANISATIONAL INFORMATION:

Additional information required to allow us to best allocate an auditor who will best suit your organizations requirements. Please Note as many areas relevant to your organisation (Please attach additional information to this application if insufficient space)

Is Manufacturing/ Processing/ Service Undertaken?

If YES, please specify

Is Design Undertaken:

If YES, please specify

Does the company sub-contract any specialist manufacturing, processing or service operations.

If YES, please specify

What is the total number of contractors in the company?
How many shifts does your company operate?
Number of employees per shift:
Please tick the most appropriate reason for seeking certification:

- | | |
|---|---|
| <input type="checkbox"/> To comply with client requirements | <input type="checkbox"/> To provide a platform for continual improvement. |
| <input type="checkbox"/> To enhance tender/contract response capability | <input type="checkbox"/> Other (please specify) |

If *Other*, please specify

Do you require Pre-Audit services?

If YES, please specify

Approximate Date of Certification:

CERTIFICATION DETAILS:

What is the Scope of Certification that will appear on the certificate (including Permissible Exclusions for ISO 9001:2000)

Please specify

Please describe the main processes/ activities/ end products/ services:

Please specify

Products associated with your organization: e.g. Bagged Gravel – Bolt Manufacture

Please specify

Services Supplied by your organization: e.g. Casual Labor Work Force – Telemarketing Services

Please specify

Legal or Legislative requirements to which you are required to operate under:

Please specify

Is your Organisation currently (or previously been) registered with another Certification Body:

Yes No ISO 9001:2000 ISO 14001:2004 AS NZS 4801:2004

If yes Please Specify:

Are there any current major Corrective Action requests/Non conformances outstanding?

Please specify

Certification Date on the Certificate:

Please specify From - To date:

Where did you here about CACS:

Statement of Acceptance by Client

I/We warrant that we have either received an information pack or viewed the information on CACS internet site www.cacs.net.au and that the information contained in this application for assessment is correct. I/We confirm that Compliance Australia Certification Services may vary the assessment methods and costs if incomplete information was provided in the initial evaluation stage. I/We confirm that the company shown above has agreed to proceed with all assessment activities leading to Certification/Registration by Compliance Australia Certification Services. I/We undertake to pay all other costs required under the Regulations governing the Compliance Australia Certification Services Scheme for Registration connected with assessment and administration, irrespective of the eventual granting of a Certificate of Registration. In the event of being granted a Certificate of Registration, I/We undertake to conform to the Regulations governing the Compliance Australia Certification Services Scheme and in particular pay all fees charged for annual registration and certificate maintenance. I/We as such, accept that this registration or re-registration agreement entered into is a triennial agreement, subject to the terms and conditions of the Regulations, and that notice of intention NOT to renew a Certificate of Registration must be given to the Certification Manager of Compliance Australia Certification Services not later than two months before the expiration date of the Certificate. We also accept that Compliance Australia Certification Services may modify the audit methodology, scope of certification, surveillance schedule and costs depending upon the findings of assessments of our Organisation. If circumstances arise a (witness audit) may be necessary due to JAS-ANZ requirements in conjunction with your regular audit.

Signature of Authorised Company Representative:			
Position	Print Name	Signature	Date

Please Return Via:

FAX: 07 3209 2441

E-Mail admin@cacs.net.au

Post Po Box 1519 Carindale 4152

Office Use Only

The <http://research.lawlex.com.au> web site is to be consulted where a HIGH risk client has products which it produces and specification relating to that product are required knowledge for the auditor prior to any assessment being undertaken. It is the responsibility of the Certification Manager to ensure that in instances of High risk codes as detailed within this document that a search be undertaken to locate the relevant product related compliance information (if applicable to that industry) and ensure that the auditor is matched to that requirement prior to the assessment being allocated and that the auditor is by suitable means given the information required. In every instance as detailed above the relevant comments are to be placed into the notes area of Time On Site database for future reference.

Certification Manager to Justify:	This client is a HIGH Risk Client and has significant Product requirements as described within CACS SOP P 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

Document Justification Here

Position	Signature	Date