

## APPLICATION FOR THE CERTIFICATION OF QUALITY MANAGEMENT SYSTEM

IN ACCORDANCE WITH SLS ISO 9001:2015 STANDARD

The Director General SRI LANKA STANDARDS INSTITUTION

for office use	
DATE RECEIVED	
REFERENCE NUMBER	
NEW CERTIFICATION	
RECERTIFICATION	

No. 17	, Victoria Place		NEW CERTIFICATION	
Elvitigala Mawatha			RECERTIFICATION	
	COLOMBO 08 SRI LANKA			
		M		
I/ We h	ereby apply for the certification of Qualit	y Management System	established in	
	[Registere	d name of the Applicant Org	ganization]	
The pa	rticulars of my/our organization are given	below:		
1. GE	NERAL:			
1.1.	Address (Head Office):			
	Telephone:	Fax:	E-mail:	
1.2.	Legal status of the organization : a) Registration authority:			
	b) Registration number:		Date:	
1.3.	VAT registration number:			
[Plea	PLICABLE LOCATION(S) FOR THE ( use indicate the permanent physical locations (substoo be included in the ISO 9001 certification. Attack	sidiaries, branches, warehous		
	Name & Address		Telephone/Fax/E-m	ail
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• • •				

[If required Please attach a separate sheet]

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## 3. DEPARTMENTS/DIVISIONS APPLICABLE AND NUMBER OF EMPLOYEES:

4.

Departments/Divisions	Total Effective Number of Employees**			
(eg.: Management, Design, Production, Quality Assurance, Human Resources, etc.)	Head Office	Location 1	Location 2	Location 3
	****			*****
		******		***************************************
	*****	*****	****	******
	****		***************************************	*****
	*****	*****	***************************************	*****
	****	****	****	*****
	*****	*****		*****
		•••••		•••••
		•••••		••••
Total				
[If required Please attach a separate sheet]  ** The effective number of employees consists of all full tire each shift. Non-permanent (seasonal, temporary and co- audit shall be included in this number.				
3.1. Whether product or service realization process.	esses operate on a	shift basis,		
a) No. of shifts available per day:	****			
b) No. of employees working on a shift:				
LIAISON OFFICER				
4.1. Chief Executive Officer of the Applicant Or	ganization :			
a) Name:				
Designation:				
Telephone:	Fax:		E-mail:	
4.2. Contact person of the organization:				
a) Nominee 1 [Name]:		****		
Designation:				
Telephone:	Fax:		E-mail:	

	b)	Nominee 2 [Name]:		
		Designation:		
		Telephone:	Fax:	E-mail:
5.	[Please ii	gulations, compulsory prod	uct certifications etc.)	nization] (eg.: CEA regulations, CDDA regulations, industr
6.	QUALI' 6.1. Qua 6.2. Typ	TY MANAGEMENT ality Management Syst be of certification [New	SYSTEM tem of the organization is developed	by: [outside consultant(s) and/or organization itself] l:
	••••			
	• • • •			
	***			
	6.4. Des			n has been outsourced to the external party:
		scription of products n	nanufactured and/or services offered	l which are to be excluded from the scope of the
	• • • •			
	***			
	• • • •			
	****			

6.6.	Desi	red scope of the certification:
6.7.	If Re	certification;
	a)	Date of first certification:
	b)	Validity period of previous certification: fromto
	c)	Scope of previous certification:
	• • • • • • •	
	d)	Major changes done in the Quality Management System during the previous year [if any]:

## 7. DOCUMENTED INFORMATION

Please submit copies of the following documents along with the duly perfected Application and Pre-assessment Questionnaire.

- a) Scope of the organization, and justification for any exclusion,
- b) Documented information to support the operation of processes of the organization,
- c) Quality Policy,
- d) Quality Objectives, and
- e) Operational planning and control.

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## 8. DECLARATION BY APPLICANT

- 8.1 I am/We are fully informed and agree with the contents of the following documents of the Quality Management System Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement and Conditions For Use of the Quality Management System Certification Mark.
- 8.2 Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.
- 8.3 I/We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at	
on this	day of
Signature	·
Name	·
Designation	<b>:</b>
For and on be	Phalf of

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