شركة الميزان التقني للتحقق
Al Mizan Al-Taqni For Verification Company

Product certification application

Date of Application	
Name of the Company	
Address	
Website, Email and Phone number	
No of Sites	
Site 1 Address	
Site 2 Address (For more site attach separate Sheet)	
Contact Person Name and position	
Legal Status	
Statutory and Regulatory Requirement	
Accreditation Required	
Certification Scheme	
Scope of Certification	
Outsourced Process, If any	

No. of Employees	Location	Shifts	Full Time	Part time	Performing Same type of Job	Temporary Unskilled workers	Effective No. of Employees

Please list the number of employees in each area/site: (Please use additional sheets if required)	Site 1		Site 2		Site 3		Site 4	
	Full time	Part time	Full time	Part time	Full time	Part time	Full time	Part time
Senior Management		☐	☐	☐	☐	☐	☐	☐
Management		☐	☐	☐	☐	☐	☐	☐
Administration Staff		☐	☐	☐	☐	☐	☐	☐
Management / Service Area		☐	☐	☐	☐	☐	☐	☐
Quality Control / Technical		☐	☐	☐	☐	☐	☐	☐
Storage / Warehouse		☐	☐	☐	☐	☐	☐	☐
Other		☐	☐	☐	☐	☐	☐	☐
Seasonal Staff		☐	☐	☐	☐	☐	☐	☐
Site total number of staff		☐	☐	☐	☐	☐	☐	☐

Approx. number of Sub Contractors: ☐	**Type of work Sub Contracted:**
% of total work Sub Contracted: ☐	**N/A**
% of work carried out at Clients Site: ☐	
Do you hold any other third party registrations? **We don't hold any other third party registrations.**	

Type of application (please select from the following options):

Product certification application

☐ New ☐ Renewal ☐ Scope Extension			
Type of management system:	☐ Single	☐ Combined	☐ Integrated
Scope: Please describe what activities your organisation carries out:			

Certification Program Required	Initial ☐	Surveillance ☐	Recertification ☐	
Is Already Certified for any Standard	Yes ☐ No ☐ If Answer is Yes Mention Name of the Standard: iso 14001			
Is Consultants Involved	Yes ☐ No ☐ If Answer is Yes Mention Name of the Consultants:			
Key Business Process Involved				
Additional Information Required				

Details about the products:

Product: Please fill below table and repeat it for each product.

Product name	
Product description	
Product applicable standards	
ALMIZAN applicable Certification scheme	
GSO Applicable standard	

Please provide ALMIZAN with the following to proceed for application review as following:

a) A copy and an original copy of the proof of legal entity and tax documents to be viewed and attached to the application.
b) Sign the general condition of certification document.
c) Quality Manual.
d) List of procedures.
e) Copy of company Certificates which related to the scope of product certification.
f) List of company equipment.
g) Copy of calibration certificates.
h) Organization chart.
i) Accreditation certificate of testing lab.
j) Copy of testing results that have been conducted on the product in accordance with the standard the standards related to the certificate as per the requirement of ALMIZAN scheme, it is possible

Product certification application

that this report from the company/lab factory and/or an outside laboratory, believes "sufficiency of these reports during the first assessment process with the obligation to protect confidential company information.

k) Sample of batch record related to the product intended to be certified.

l) Other supporting data related to the scope.

DECLARATION: The above information is true to the best of my knowledge and belief and I am authorized to provide such information on behalf of the company.					
Name		**Position**		**Signature**	
ALMIZAN Official Use **Can the Application Proceed for Application Review:** ☐**Yes** ☐ **No**					
Name of Application reviewer		**Signature**		**Date**	