

# CLIENT DETAILS / QUOTE APPLICATION

To enable an accurate quotation to be prepared, the following information is necessary. All information received is treated in strict confidence.



**Part A – Please complete for all management system certification** (include reference to any attached supporting documentation).

<b>COMPANY NAME</b>	<b>CONTACT</b>
Address	Position
	Telephone No
	Fax No
Web address	E Mail
Name and address of parent company (if applicable)	

**DETAILS OF OTHER LOCATION(S) TO BE CERTIFIED** include address, activity and numbers of staff.

If more than one location, do you want an individual assessment and certificate for each site?  
YES / NO / Not Applicable

<b>EMPLOYEES</b> Total in Administration Total in Management positions Total in Design Total in Production Others, please specify e.g. off site work	<b>REQUIRED SCOPE OF CERTIFICATION</b> (proposed certificate scope wording)
	Permitted exclusion(s) ISO 9001 applicants only

**TO WHICH STANDARD IS CERTIFICATION BEING SOUGHT?** (please circle all applicable)

ISO 9001      ISO 14001      OHSAS 18001      TickIT      Other, please state

**CERTIFICATIONS ALREADY HELD** (please attach copies of certificates)

Standard	Certification Body	Date awarded	Current, lapsed or suspended



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## **Part B – Please complete only for ISO 14001 EMS certification**

**CONTACT** (If different to Part A - include name, position, telephone number and email address)

For each location to be certified please enclose a site plan, if available, which shows the following details

- Size of site
- Location of site including neighbours
- Site services including drainage
- Emission and discharge points
- Any part of the site subject to separate control

### **ENVIRONMENTAL ASPECTS AND IMPACTS**

Outline environmental aspects and impacts that you have identified as significant  
(e.g. *transport exhaust emissions – air pollution and climate change*)

### **LEGAL/REGULATORY DOCUMENTATION**

Please list any consents, licences, permits, authorisations etc held

### **SUB-CONTRACTED ACTIVITIES**

Please list

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## **Part C – Please complete only for OHSAS 18001 certification**

**CONTACT** (If different to Part A - include name, position, telephone number and email address)

For each location to be certified please enclose a site plan, if available, which shows the following details

- Size of site
- Location of site including boundary, neighbours and general public
- Any part of the site subject to separate control

### **HEALTH AND SAFETY HAZARDS**

Outline occupational health and safety hazards and risks that you have identified as significant arising from operations

*(e.g. working at height – risk of falls from height)*

### **LEGISLATIVE AND REGULATORY REQUIREMENTS**

Please list the key legislative and regulatory requirements

### **SUB-CONTRACTED ACTIVITIES**

Please list

### **Declaration - Please complete for all management system certification**

SCS personnel might contact you for further information necessary for providing a proposal for services.

This form must be signed by an authorised representative of the applicant to confirm the accuracy of the details provided, that the applicant will supply any information needed for the evaluation, and that upon certification, the applicant will comply with the SCS Regulations for Certificate Holders.

Signed:

Name (Please Print):

Date:

**PLEASE RETURN TO: Sira Certification Service, 12 Acorn Industrial Park, Crayford Road, Crayford, Dartford, Kent DA1 4AL**

**Tel: +44 (0) 1322 520500 Fax: +44 (0) 1322 520501**

**E-mail: [management.systems@siracertification.com](mailto:management.systems@siracertification.com)**