

APPLICATION/RENEWAL FORM FOR CERTIFICATION

COMPANY DETAILS	
COMPANY NAME (Legal Entity)	
TRADING NAME (if different from above)	
ABN	
NUMBER OF EQUIVALENT FULL TIME STAFF/CONTRACTORS	
SITE ADDRESS*	
POSTAL ADDRESS (if different from Site Address)	
* If more than one site is to be audited, please provide Contact Name, Phone Numbers and Address for each additional site	
TELEPHONE	
FACSIMILE	
MOBILE	
EMAIL ADDRESS OF PRIMARY CONTACT	
EMAIL ADDRESS FOR ACCOUNTS DEPARTMENT (if different from above)	

NAME OF ANY CONSULTANT USED TO DEVELOP MANAGEMENT SYSTEMS		
WEBSITE ADDRESS		
PLEASE INDICATE THE STANDARD/S AGAINST WHICH CERTIFICATION IS SOUGHT		
<input type="checkbox"/> SQI HACCP	<input type="checkbox"/> FOOD ACT - VIC/QLD	<input type="checkbox"/> NHVAS
<input type="checkbox"/> WA HEAVY VEHICLE		
GENERAL DETAILS		
When do you hope to go to audit?		
Are you currently certified with another Certification Body? If yes, please provide details of your current CB, Standard you are audited to and current Certificate expiry date.		

The information on the following page is required for your certificate.

Please ensure you complete all elements.

NAME TO APPEAR ON CERTIFICATE

SITE/S TO BE INCLUDED ON CERTIFICATE

**SCOPE OF CERTIFICATION
INDICATE WHAT YOU WISH TO APPEAR ON CERTIFICATE.
THIS SHOULD BEST DESCRIBE THE ACTIVITIES OF YOUR ORGANISATION
ATTACH ADDITIONAL SHEET IF SPACE PROVIDED IS INSUFFICIENT**

REGISTRATION AGREEMENT TO BE SIGNED BY COMPANY REPRESENTATIVE

I/we warrant that we have either received a Sci Qual International Pty Ltd (SQI) Information Pack or viewed the information on SQI Website www.sciqual.com.au and that the information contained in this Application for Assessment is true & correct.

I/we confirm that SQI may vary the Assessment methods and costs if incomplete information was provided at the Initial Assessment/Audit stage.

I/we confirm that the Company/Organisation named in this Application has agreed to proceed with all Assessment/Audit Activities leading to Certification/Registration by SQI.

I/we undertake to pay all other costs required under the Regulations governing the SQI 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 SQI Scheme for Registration and in particular to pay all fees charged for Registration, Certificate maintenance and Assessment Cancellation fees if applicable. SQI may cancel Certification if fees are not paid in full in a timely manner.

I/we as such, accept that this Registration or re-registration Application entered into is an agreement covering a surveillance audit program over a 3 year period, subject to the terms and conditions of the Regulations and that notice of NOT to renew a Certificate of Registration must be given to the Programs Manager of SQI not later than two (2) months before the expiration date of the Certificate.

I/we accept that SQI may modify or vary the Audit methodology, Scope of Certification, Surveillance Schedule and costs depending upon the findings of SQI Assessors/Auditors of your Company/Organisation.

I/We warrant that all information in any Annexure to this document is true and correct

I/We warrant that SQI will be advised of any Product Recalls to enable SQI to establish if this presents any issues relating to certification

**COMPANY
REPRESENTATIVE**

SIGNATURE

POSITION

DATE