|  |  |
| --- | --- |
| Date: |       |

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| --- |
| COMPANY IDENTIFICATION |
| Legal Company name: |       |
| Québec Enterprise Number (NEQ): |       |
| Address of the main site to certify: | Address:      City: Province: Postal Code:       |
| Office phone number: |       |
| Company website: |       |
| Name of the principal manager: |       |
| Email address of the principal manager: |       |
| Name of the system manager: |       |
| Title of the system manager: |       |
| Phone number of the system manager: |       | Cell phone:       |
| Email address of the system manager: |       |

**PLEASE CHECK THE STANDARD INTENDED BY THE CERTIFICATION**

|  |  |
| --- | --- |
| **[ ]**  | ISO 9001 Quality management systems – Requirements |
| **[ ]**  | ISO 14001 Environmental management system – Requirements with guidance for use |
| **[ ]**  | ISO 45001 Occupational health and safety management systems – Requirements with guidance for use |
| **[ ]**  | ISO 50001 Energy management systems – Requirements with guidance for use |

**Specify desired timeline**

|  |  |
| --- | --- |
| Documentation of the system in place: | [ ]  Yes [ ]  NoIf no, approximate target date:   |
| System established and implemented: | [ ]  Yes [ ]  NoIf no, approximate target date:   |
| Preliminary assessment (Stage 1, only if initial audit): | **Approximate date:**   |
| Certification audit (date of the visit): | **Approximate date:**   |
| Do you have a deadline for acquiring the certificate?*(ex.: strict requirement of a customer, end of a subvention program)* |   |

**NOTE:** Please note that we may not be able to carry out the activities on the desired dates due to availability of resources but be assured that we will make every effort to respond to your request.

| **general information** |
| --- |
| Type of application:  | **[ ]**  | Initial Certification |
| **[ ]**  | Transfer of an active certificationCertification body:  |
| Would you be interested in audits completed partially remotely?*NOTE: Subject to program leader evaluation for feasibility.* | [ ]  Yes[ ]  No |
| List the types / families of products you make:*NOTE:* *A family of products corresponds to products with common processes or technologies* |       |
|       |
| If you do not manufacture products, describe the nature of your operations (ex.: dry goods storage, clothing cleaning service, etc.): |       |
| List of outsourced processes: |       |
| Total number of permanent employees: | Office:  | Operation:  |
| Total number of subcontractors: | Office:  | Operation:  |
| Do activities take place outside the main site?(ex.: external storage)If so, please indicate the name, address and number of employees for each site:*NOTE: If necessary, attach a document to document all the sites* | [ ]  | Yes | **[ ]**  | No |
| Name of the site:   | Address:  | Number of employees:  |
| Name of the site:   | Address:  | Number of employees:  |
| Name of the site:   | Address:  | Number of employees:  |
| Name of the site:  | Address:  | Number of employees:  |
| Do you have a seasonal production?If so, indicate the period of the year it takes place: |  |
| Total number of seasonal employees: | Office:  | Operation:  |
| Desired language for the audit: | **[ ]**  | French | **[ ]**  | English |
| Your system documentation is in: | **[ ]**  | French | **[ ]**  | English |
| Do you currently hold any other accreditations/certifications?(ISO/IEC 17025, ISO 9001, ISO 14001, etc.)If yes, according to which standard?What is your accreditation/certification body?Would you be interested in being contacted by a BNQ representative to analyze the different accreditation/certification options? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| Do you use the help of a consultant for the implantationof your system? (Name and company): |  |
| How did you hear about the BNQ? | [ ]  BNQ website[ ]  Consultant[ ]  Social networks (e.g. LinkedIn)[ ]  Advertising[ ]  Other:  |

Please return this form duly completed to the person mentioned below and do not hesitate to contact us for any further information.

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| --- | --- |
| Nancie CarrièreSales TechnicianEmail: nancie.carriere@invest-quebec.comPhone: 418-425-1676 | Section réservée au BNQ : Le présent formulaire a été revu par le responsable de programme :      Date :       |