

Please indicate the certification schemes that you wish to transfer				
<b>ISO 9001</b>	<b>ISO 14001</b>	<b>OHSAS 18001</b>	<b>AS 9100</b>	<b>ISO 22000</b>

<b>Company Name</b>		<b>Contact Name</b>	
<b>Address</b>		<b>City</b>	
<b>County</b>		<b>Postcode</b>	
<b>Website</b>		<b>Tel.</b>	
<b>Email</b>		<b>Fax.</b>	

**Briefly describe what your organisation does. i.e. the scope of certification**

**Please provide details of any processes that are sub contracted and indicate a percentage of work that is sub contracted.**

**Please breakdown your Core Activity into sub processes. i.e. Manufacturing > cutting, machining, welding, polishing etc.**

<b>Total number of employees within the company</b>		<b>Number of daily shifts</b>	
<b>Number of full time employees</b>		<b>Number of part time employees</b>	
<b>Number of managers</b>		<b>Number of temporary staff</b>	

**Please provide a breakdown of the number of employees in each area of the business? Put N/A if not applicable.**

<b>General Admin / Office</b>		<b>Purchasing</b>		<b>Design &amp; Development</b>		<b>Manufacture / Production</b>	
<b>Installation / Site Work</b>		<b>Service Provision</b>		<b>Stores / Despatch</b>		<b>Quality Control / Lab</b>	

**What locations in addition to the address shown above are included in your scope of registration?**

**If your products are subject to any legal/regulatory/licensing or independent approvals, provide details. Please state them.**

<b>Name of your current certification body / registrar?</b>	
<b>What is your reason for transferring?</b>	
<b>How many audit days per year are you currently audited?</b>	
<b>Approximate dates of your last two audits undertaken by your current registrar?</b>	
<b>Are you currently engaged with any regulatory bodies with regard to legal compliance?</b> <i>If yes please explain below.</i>	<b>YES / NO</b>
<b>Can you provide a copy of your present Certificate of Registration?</b> <i>If not then a transfer is not possible.</i>	<b>YES / NO</b>
<b>Can you provide copies of the two previous audit reports from your current Registrar?</b> <i>If not then a transfer is not possible.</i>	<b>YES / NO</b>
<b>Are there any corrective actions still to be cleared from previous audits?</b> <i>If so WCS is required to clear during a transfer visit.</i>	<b>YES / NO</b>
<b>Are your internal audits and management review up to date?</b>	<b>YES / NO</b>
<b>Do you have any outstanding customer complaints?</b>	<b>YES / NO</b>
<b>Are you assisted by an external consultant?</b> <i>Please add the name of the consultant.</i>	

<b>NAME:</b>		<b>TITLE</b>		<b>DATE</b>	
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**THE AREA BELOW CAN BE USED FOR ADDITIONAL NOTES OR INFORMATION**