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| **Please indicate the certification schemes that you wish to transfer** | | | | |
| **ISO 9001** | **ISO 14001** | **ISO 45001** | **AS 9100** | **ISO 27001** |

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| **Company Name** |  | **Contact Name** |  |
| **Address** |  | **City** |  |
| **County** |  | **Postcode** |  |
| **Website** |  | **Tel.** |  |
| **Email** |  | **Mobile.** |  |

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| **Briefly describe what your organisation does. I.e., the scope of certification on your current certificate** |
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| **Please provide details of any processes that are sub contracted** |
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| **Please breakdown your Core Activity into sub processes. i.e.** *Manufacturing > cutting, machining, welding, polishing etc.* |
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| **Certification Structure** | **Single Site** | **Multi-Site** | **If Multi Site how many sites are included on the certificate** |  |
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| **Total Number of Employees** |  | | **Number of Daily Shifts** |  |
| **Number of Full Time Employees** |  | | **Number of Part Time Employees** |  |
| **Number of Managers** |  | | **Number of Temporary Staff** |  |

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| **Provide a breakdown of the number of employees in each area of the business.** | | | | | | | |
| **General Admin / Office** |  | **Purchasing** |  | **Design & Development** |  | **Manufacture / Production** |  |
| **Installation / Site Work** |  | **Service Provision** |  | **Stores / Despatch** |  | **Quality Control / Lab** |  |

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| **If your products / service is subject to any legal/regulatory/licensing or independent approvals, provide details. Please state them.** |
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| **Name of your current certification body / registrar?** | |  | |
| **What is your reason for requesting a transfer?** | |  | |
| **How many audit days per year are you currently audited?** | |  | |
| **Approximate dates of your last two audits undertaken by your current registrar?** | |  | |
| **Are you currently engaged with any regulatory bodies with regard to legal compliance?**  *If yes please explain below.* | | |  |
| **Please can you provide a copy of your present Certificate of Registration?**  *If not, then a transfer is not possible. For multi-site please provide details of all sites.* | | |  |
| **Please can you provide copies of the previous audit reports from your current Registrar?**  *WCS require report back to the last full assessment. If not, then a transfer is not possible.* | | |  |
| **Are there any corrective actions still to be cleared from previous CB audits?**  *If so WCS is required to clear during a transfer visit.* | | |  |
| **Are your internal audits and management review up to date?** | | |  |
| **Do you have any outstanding customer complaints?**  *If so, please provide a brief description* | | |  |
| **Are you assisted by an external consultant?**  *Please add the name of the consultant.* |  | | |

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| NAME: |  | JOB TITLE |  | DATE |  |

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| **THE AREA BELOW CAN BE USED FOR ADDITIONAL NOTES OR INFORMATION** |
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