



VELOSI QUALITY MANAGEMENT INTERNATIONAL LTD.

APPLICATION FOR CERTIFICATION

Company Name		
Physical Address: _____		
Other countries covered, if any: _____		
Contact for all correspondence:	Name:	Title:
Telephone Number: 02- 554 7800	Fax Number	E-mail:
Proposed date for commencement of assessment:		
Is your quality manual being submitted herewith for VQMI review: O YES O NO If NO, indicate date of submission_____		
Scope of certification (Please describe scope of your certification to appear on the certificate. This may be revised based on assessment team recommendation)		
DECLARATION AND ACCEPTANCE		
We hereby enter into an agreement for certification with VQMI on the basis of quotation_____ dated _____ accepted by us. This agreement is further governed by VQMI rules of certification VQMI-F-04, Rev 1 Dec. 2001, which has been received, read and understood by us. We further agree to comply with the revised rules of certification issued by VQMI from time to time including requirements for use of quality marks and reference to certification. By signing this application for certification, we hereby indicate our acceptance.		
Name:_____	Title: _____	Signature: _____
For VQMI Head Office Use Only:		
<input type="checkbox"/> Scope checked and accepted. <input type="checkbox"/> Audit team selection checked		
<input type="checkbox"/> Proposed date for adequacy audit _____ <input type="checkbox"/> Tentative date for assessment _____		
Application reviewed by: Head Of Operations / Certification Scheme Manager_____		
VQMI ASSIGNED PROJECT NUMBER: C		

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