

Management Systems Certification

Client Profile



Client Profile Completion Guidance Notes

Information provided will be used for the evaluation of the audit time in our quotation and assignment of competent assessors. Please complete all boxes. Insert N/A if the answer is not applicable. If you are an existing client, applying for Extension to Scope of registration, or Recertification, please indicate any changes/additions only (i.e. additional sites, activities, management systems etc.) in the relevant sections.

A. Company/Organisation Details

Company Name <i>(in legally correct form as this will appear on the Certificate)</i>			Company Website		
VAT Number			Companies House Registration No.		
Main Address			Invoice Address (If different to main address)		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
Town / City			Town / City		
County			County		
Post Code			Post Code		
Main Telephone No <i>(inc area code)</i>	()		Main Telephone No <i>(inc area code)</i>	()	
Fax <i>(inc area code)</i>	()		Fax <i>(inc area code)</i>	()	
E-mail			E-mail		
Our Main Contact		Role / Position	Company Management Rep <i>(if different from main contact)</i>		
Telephone <i>(inc area code)</i>	()		Telephone <i>(inc area code)</i>	()	
Mobile			Mobile		
E-mail			E-mail		

B. Certification Requirements

Please tick below what certification services you are requesting against the Standard(s)					
ISO 9001	ISO 14001	ISO 45001	AS9100	ISO 27001	ISO 50001
SSIP					
If you are applying for Extension to Scope, please define the type of extension					
Are you applying for an Additional standard(s)?	Yes/No	If yes, show the new Standard(s) required:			
Would you like to have an Integrated Management System (IMS) audit?	Yes/No	If yes, show the Standards covered by the IMS:			
Are you applying for New site(s) and/or processes?	Yes/No	If yes, please show in the Main Processes/Activities table below, including number of staff and shifts.			
Do you require a transfer from another Certification Body?	Yes/No	If yes, please show the reason for transfer and send us a copy of your certificate plus the reports in the current cycle plus the last initial/recertification report.			
Please indicate when you would like your first assessment visit from TUV UK					

C. Scope/Processes

Proposed scope for certification <i>(Business activity to appear on Certificate):</i>	
Are any of the processes/activities covered within this scope outsourced <i>(e.g. Design, manufacturing, installation etc?)</i>	
If yes please specify	
Total number of full time Staff?	
Please indicate how you are organised and managed	
Breakdown of job function <i>(e.g. 3 Management, 5 admin, 3 design, 10 workshop, 4 architects, 2 own installers, 4 outsourced staff / subcontractors etc....)</i>	

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Main Processes/Activities				
Addresses	Postal / Area Code	No: of People	No: of Shifts	Processes/Activities at this location
Head Office.				
Site 2.				
Site 3.				
(If there are more addresses, please provide on a separate sheet to this table)				
Please give us an idea of the readiness of your Management Systems for Certifications				
Implementation date of the system			Certification required on/before	
Have management reviewed the system?			Have internal audits been done?	
Are any exclusions to the Standard clauses requested? (e.g. 8.3 design)				
These are				
Because				

D. Environmental Management Systems (ISO14001) Information Required

Significant Environmental Aspects/Impacts (e.g. Waste, Energy usage, Chemicals)			
Most applicable Environmental Legislation			
Licences and Authorisations, that you have (I.e. IPPC Permits, Discharge Consents, etc.)			
EMS contact, if different from the one shown in Section A			
Name		Tel/mob	
Position		E-mail	

E. Health and Safety (ISO 45001) Information Required

Significant Health & Safety Risks and Hazards (e.g. Radiation, Confined Space, Working at Height, Main hazardous materials used in the processes)			
Relevant legal obligations arising from applicable OH&S			
Licences and Authorisations, that you have			
Health and Safety contact, if different from the one shown in Section A			
Name		Tel/mob	
Position		E-mail	

F. Additional Information

Do you comply with specific laws/regulations, directives, government schemes, guidelines or standards relating to your service/product?					
Please assist us by listing the most important ones					
Are there any special safety requirements or security clearances needed to visit your site(s)? (e.g. MoD clearance)					
If yes please specify					
Have you employed a Management Systems consultant?		Name of consultant & Co name (if any)			
How did you hear of TÜV UK?					
Please tick if you would like more information of the following:					
ISO 9001	ISO 14001	ISO 45001	AS9100	ISO 27001	ISO 50001
ISO 3834	SSIP	Construction Products Regulations			

G. Declaration and Document Completion

I certify that the facts contained in this application are true and complete to the best of my knowledge and (if applicable) by submitting this form it is acknowledged that the certification subject of this transfer request is not currently suspended and there are no current engagements of the organisation with regulatory bodies in respect of legal compliance.			
Completed by	Date	Agreed on behalf of the client (if different)	Date

Prepared by: C Gray	Reviewed by: M. Sommermann	Authorised by: P. Ward	Document ID: QA004F002	Date: 22/08/2022	Revision: 18
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