Initial Request  Modification to your certification

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| **A. Designation ot the company o the organization that requires certificat**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Legal name of company or organization: | | | |  | | | | | | | | | | Québec Enterprise Number(1): | | | |  | | | | | | | | | | | | Addess: |  | | | | | | | | | | | |  |  | | | | | | | | | | | | City: |  | | Province, state or other: | | | |  | | | Postal Code: |  | | Country: |  | | Telephone: | |  | | | Ext.: |  | Fax: |  | | | |  | |  | | | |  | | |  | | | |
| **B. Person in charge of the signature of BNQ Service contract**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or: | | |  | | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |
| **C. Person in charge of invoice payment**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or: | | |  | | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | |  | | | | | |  | | | | | | |
| **D. Person in charge of follow-up on corrective actions requested by BNQ**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or *C*  or: | | | | | |  | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: | |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |
| **E. Person in charge for the BNQ’s inspection visits**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Correspondence language: English  French | | | | | | | | | | | | | | | | | | | | | | | Name:  Mr.  Ms. | |  | | | | | | | Email: | |  | | | | | | | | | | | Name of company or organization: | | |  | | | | | | | | | | | | | | | | | | | | | Same address as *A*  or *B*  or *C*  or *D*  or: | | | | | |  | | | | | | | | | | | | | | | | | | | City: |  | | | | Province, state or other: | | |  | | | | | | | Postal Code: | |  | | Country: |  | | | | Telephone: | |  | | | Ext.: | |  | Fax: | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |

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| **F. Number and title of the certification program** (If there is any doubt, please communicate with the BNQ.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | |  | | | | | |  | |  |  |  | |
| **G. If applicable, name and contact details of the consultant hired**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | |  | | | | | |  | |  |  |  | |
| **H. List of products, process or services**  (Please use the designation used in the applicable standard, reference document or certification protocol.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | **In case of the certification of services, please enter the address of establishments where are operated the services related byt this request.** | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | |  |  |  | |
| **I. As applicable, a certificate of a letter of attestation will be provided in French. A translation of this document  may also be provided in English, upon request**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Do you also want a translated version in English? Yes  No | | | | | |  |  |  |  | |
| **J. Documents required in the certification protocol when applying for certification**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | I enclose with this application all the documents required for this certification request as indicated, when appropriate, in the applicable certification protocol (payment**(2)**, list of products, etc.). Yes  (It is understood that the BNQ will process this information confidentially.) | | | | | |  |  |  |  | |
| **K. General information**   |  |  | | --- | --- | | Do you currently hold any other accreditations/certifications? (ISO/IEC 17025, ISO 9001, ISO 14001, etc.) | Yes No | | 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 | | Do you use the help of a consultant? (Name and company): |  | | How did you hear about the BNQ? | BNQ Website  Consultant  Social networks (e.g.: LinkedIn)  Advertising  Other: | |

Having reviewed the application requirements relating to the certification program covered by this certification application:

* The client requests the certification of the above-mentioned products, process or services and the authorization to use the BNQ mark of conformity applicable to the program of this application for certification.
* The client is aware of and commit to respect the terms and conditions of the Information Document BNQ 9902-001, and if the case, of the applicable standard or reference document and protocol of certification as forming integral part of the requirements of this application for certification.
* The client agrees to conform to these requirements and provide the BNQ or their representatives any information necessary for the evaluation.

**PAYMENT TERMS**

You will find below the possible methods of payment for this application (by check or money order, credit card [Visa or MasterCard] or bank transfer).

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| GST Registration no.: 862834439 RT 0001; QST Registration no.: 1013387857 TQ 0001. | | | | | | | | |
| Check or money order (payable to the order of Bureau de normalisation du Québec) | | | | | | | | |
| Visa  MasterCard | | | | | | | | |
| Card no.: | (16 digits) | | | Expiration date: | |  | / |  |
| Security code (3 digits on back of the card): | | |  | |  | Month |  | Year |
| Name of Card holder: | | Mr.  Ms. | | (in capital letters) | | | | |

Please note that if you wish to pay by bank transfer, it is essential for the BNQ that you send us a NOTICE OF PAYMENT indicating the name of your company in reference to your payment in order to apply your deposit (the bank transfer form is attached to the recognition form).

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| **Applicant Name** (*in capital letters*) | Year Month Day | | | | | |

**Applicant Signature**

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

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| --- | --- |
| Bureau de normalisation du Québec  CPPS Direction  333, rue Franquet  Québec, Québec G1P 4C7 CANADA  Email: secretariat.certification@bnq.qc.ca | Section réservée au BNQ :Le présent formulaire a été revu par le responsable de programme : Date : |

NOTES —

1. *As it registered with the "Registraire des entreprises du Québec" (REQ) for companies operating in Québec.*
2. *The client agrees to pay to the BNQ an amount, plus tax, if applicable, non-refundable, to cover a part of the cost for the work necessary for the certification, payable upon the signing of this application.*