[ ]  Initial Request [ ]  Modification to your certification

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| **A. Designation ot the company o the organization that requires certificat**

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| --- | --- |
| 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: |       |
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 |
|  **C. Person in charge of invoice payment**

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| 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: |       |
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|  **D. Person in charge of follow-up on corrective actions requested by BNQ**

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| 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: |       |
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|  **E. Person in charge for the BNQ’s inspection visits**

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| 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.)

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|  **G. If applicable, name and contact details of the consultant hired**

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|  **H. List of products, process or services** (Please use the designation used in the applicable standard, reference document or certification protocol.)

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|       |
| **In case of the certification of services, please enter the address of establishments where are operated the services related byt this request.** |
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|  **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**

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| Do you also want a translated version in English? Yes [ ]  No [ ]  |
|  |  |  |  |

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|  **J. Documents required in the certification protocol when applying for certification**

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| 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.) |
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| **K. General information**

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| 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:       |

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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).

|  |
| --- |
| 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.

|  |  |
| --- | --- |
| Bureau de normalisation du QuébecCPPS Direction333, rue FranquetQuébec, Québec G1P 4C7 CANADAEmail: secretariat.certification@bnq.qc.ca | Section réservée au BNQ : Le présent formulaire a été revu par le responsablede 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.*