

# A-Professional Certification Services Ltd.

## Application for Certification

Regd. Office: Flat 1, 12/F., Henley Centre, 9-15 Bute Street,  
Mongkok, Kowloon, HK. Website: www.apcslimited.com  
Fax: 3622 2611, Tel: 3974 5383. Email: info@apcslimited.com



### 1) Application Detail

Please fill correctly to enable us understand your requirements and issue a formal offer.

No information shall be disclosed to any third party without the written consent of the customer in conformity with APC Policy & procedures

Initial Certification  Re-certification  Transfer

|   |  |
|---|--|
| Organization Name:  |  |
| Company address:  |  |
| Correspondence address (if different from the above)                                      |  |
| Organization Type   | <input checked="" type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____                  |
| Contact person name:  |  |
| Mobile/ Tel:  |  |
| e-mail/ website   |  |
| Desired Scope of Certification  |  |
| Desired certification site and address (if needed)  |  |
| Certification Scheme Applied (Standards seeking for certification)                        | <input checked="" type="checkbox"/> ISO 9001 <input checked="" type="checkbox"/> ISO 14001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> Others, please specify: |
| Certified in any other management systems before  | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Please Specify _____   |
| Details of operation  |  |
| Legal and statutory requirements related to product/ service                              |  |
| Organization functions  |  |
| Key Human resource and technical resources  |  |
| Outsources processes (if any)   |  |
| Clause(s) not applicable and justification  |  |
| Integrated management systems (Yes/ No)   | Yes  |
| APC's existing customer   | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please state:   |
| APC's previous customer (include certification service and other services, e.g. training) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please state the service(s) and the service time:   |
| Relationship to APC   | NA   |
| Language  | Cantonese and English  |

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亞洲專業認證服務有限公司  
A-PROFESSIONAL CERTIFICATION  
SERVICES LIMITED

|  |      |    |         |    |
|--|------|----|---------|----|
| <b>Number of sites</b>   |      |    |         |    |
| <b>If more than one site, whether the same management system is deployed across the organization (Yes/ No/ NA)</b> |      |    |         |    |
| <b>Number of legal prosecution last year</b>   | 0    |    |         |    |
| <b>Consultant/ organization (if any)</b>   | Name | NA | Mob No. | NA |
|  |      |    | E-mail: | NA |

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## 2. Information about sites

|   |  |   |  |
|---|--|---|--|
| 1. Site name/ code/<br>project identification no.   |  |   |  |
| Site nature*  |  |   |  |
| Site address  |  |   |  |
| Activity(ies)**/ Detail of<br>personnel working on and<br>working away from the<br>premise: |  |   |  |
| Detail of site personnel  |  |   |  |
| No. of shift  |  | Staff per shift   |  |
| No of Part-time staff<br>(include subcontractor)  |  | Work duration of<br>part-time staff (in<br>hours per day) |  |
| Total no. of staff (include<br>subcontractor)   |  |   |  |
| Legal and contractual<br>requirement specific to<br>site                                    |  |   |  |

\*site nature – e.g. head office/ branch/ warehouse/ factory/ construction site/ maintenance site

\*\* Please state the role of organization (e.g. main contractor, subcontractor of a specific trade) in the project if it is a project site.  
(You can add rows if required)

|   |  |   |  |
|---|--|---|--|
| 2. Site name/ code/<br>project identification no. |  |   |  |
| Site nature                                       |  |   |  |
| Site address                                      |  |   |  |
| Activity(ies)**:                                  |  |   |  |
| Detail of site personnel                          |  |   |  |
| No. of shift                                      |  |   |  |
| No of Part-time staff<br>(include subcontractor)  |  | Work duration of<br>part-time staff (in<br>hours per day) |  |
| Total no. of staff (include<br>subcontractor)     |  |   |  |

\*site nature – e.g. head office/ branch/ warehouse/ factory/ construction site/ maintenance site

\*\* Please state the role of organization (e.g. main contractor, subcontractor of a specific trade) in the project if it is a project site.  
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### Occupational Health and Safety Management System (ISO45001:2018)

|  |  |
|--|--|
| Number of accidents happened in your organization in the past 3 years:             |  |
| Number of fatal accidents happened in your organization in the past 3 years:       |  |
| Number of occupational diseases happened in your organization in the past 3 years: |  |
| <b>OH&amp;S requirements related to product/ service</b>                           |  |
| <b>Key hazards and OH&amp;S risks analysis:</b>                                    |  |
| <b>The main hazardous materials used in the processes</b>                          |  |

I acknowledge that

- The information provided by me is correct as per my best knowledge and the APC offer is based on the above information. If during assessments any variation is found, APC may revise its arrangements and offer.
- We agree if our application for certification is successful, and in consideration of APC agreeing to proceed with our application an auditing our business, that the audit operations will be complied with and be bound by “**Terms and conditions for certification services**” of the scheme and APC Certification Regulations (which is accessible at [www.apcslimited.com/downloads](http://www.apcslimited.com/downloads)).
- We agree that we are obliged to provide, on request, access to the assessment team of the accreditation body to witness of APC’s auditing team performing an audit at our site.
- Application fee once paid is non refundable.
- All fees need to be paid in advance before stage 1 audit as per Proforma invoice & quotation to be given after receipt of application form by APC.

Name of Authorized Representative: \_\_\_\_\_

Signature/ company chop: \_\_\_\_\_

Date: \_\_\_\_\_

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| <b>Attachments</b> |   |   |
|--------------------|---|---|
|                    | ✓ | Business Registration or Certification of incorporation                           |
|                    | ✓ | Organization Chart  |
|                    |   | Copy of certificate issued by the original certification body (for transfer only) |
|                    |   | All audit reports in the current certification cycle (for transfer only)          |
|                    |   | Other Useful Information, if any :  |