**INSPECTION AGENCY INFORMATION**

INSPECTION AGENCY NAME AND ADDRESS (as you wish it to appear on a certificate of Registration and on the PSQCA Web site)

1. Inspection Agency Name:

2. Street Address: Mailing Address (if different):

|  |  |  |
| --- | --- | --- |
| 3. Billing Address (if different) | Accounts Payable Contact |  |
|  | Name:  | Phone:  |
|  | Fax:  | Email:  |

Does your inspection Agency utilize Purchase Orders? Yes No

4. Is this application for the main inspection Agency? or a branch inspection Agency? (PSQCA Master Code of main inspection Agency: )

5. Inspection Agency Type (As defined in ISO/IEC 17020, clause 4.2), please check one:

 Type A: Not involved in design, manufacture, supply, installation, use or maintenance. Provides “third party”

Inspection services;

 Type B: Separate from the parent organization which is involved in design, manufacture, supply, installation, use or maintenance, but provides inspection services only to the parent organization;

 Type C: Involved in design, manufacture, supply, installation, use or maintenance, and provides inspection

Services to any interested party.

6. DESCRIPTION OF YOUR INSPECTION CAPABILITIES:

7. Number of inspection personnel at this location, associated with the inspections requested for registration

8. Please identify the month/year when you would be ready to undergo the on-site assessment:

AUTHORIZED REPRESENTATIVE of the inspection Agency who is the contact person responsIAle for the information provided in this Application and for ensuring compliance with the requirements for PSQCA’s registration.

Signature Title Telephone Number

Printed Name Date Fax Number

Page 1 of 15

Email Address\* Web Site\*\*

\* Updates to PSQCA policies will be transmitted to enroll and recognized organizations via email, whenever possIAle.

\*\* Please indicate if you do not wish your website to be included as a link on the PSQCA website.

For PSQCA office use only: MASTER CODE

ASSESSMENT NO.

*F-01/01, Issue # : 01 Rev #: 00 Issue Date: 20/9/2013*

**CONDITIONS FOR REGISTRATION**

To attain and maintain registration, an applicant must agree to:

1) Afford accommodation and cooperation as needed to enable PSQCA to verify compliance with the requirements of Government of Pakistan: Inspection agencies registration and regulation rules, PSQCA Act, 1996 for registration including examination of documentation and access to all areas, equipment, records and personnel for the purposes of assessment, surveillance, reassessment and resolution of complaints;

2) Comply at all times with the criteria, requirements, and conditions for registration;

3) Maintain impartiality and integrity;

4) Retain all quality and technical records throughout the period between PSQCA on-site assessments;

5) Claim that it is recognized only in respect of services for which it has been granted registration and which are carried out in accordance with these conditions;

6) pay such fees as shall be determined by PSQCA;

7) Upon suspension, withdrawal or expiration of its registration (however stop inspection survey services for with)

8) Ensure that no certificate or report, nor any part thereof, is used in a misleading manner;

9) In making reference to its registration status in communication media such as advertising, brochures, web pages, or other documents, comply with the requirements of PSQCA;

10) Inform PSQCA headquarters in writing within 30 days of changes or pending changes in any aspect of the inspection Agency's status or operation that affects the inspection Agency's legal, commercial or organizational status; organization or management (e.g., managerial staff); policies or procedures, where appropriate; premises; personnel, equipment, facilities, working environment or other resources, where significant; authorized signatories; or such other matters that may affect the inspection Agency's capability, or scope of registration activities, or compliance with the criteria, requirements and conditions for registration;

11) Make revisions to its procedures in response to due notice of any intended changes by PSQCA to the criteria, requirements, or conditions for registration, as specified by PSQCA.

*F-01/01, Issue # : 02 Rev #: 00 Issue Date: 20/9/2013*

Page 2 of 15

**CONDITIONS FOR REGISTRAION (continued)**

In order to apply, the applicant inspection Agency's AUTHORIZED REPRESENTATIVE1 must agree to the above conditions for registration and must attest that all statements made on the application are correct to the best of his/her knowledge and belief. An inspection Agency’s AUTHORIZED REPRESENTATIVE is responsible for ensuring that all of the relevant conditions for registration are met as of the date this document is signed. During the on-site assessment, the assessor will determine that the Authorized Representative and a deputy are knowledgeable about the PSQCA’s registration REQUIREMENTS and will examine records and documentation to verify compliance with these Conditions for Registration as of the date it was signed.

As the applicant inspection Agency’s AUTHORIZED REPRESENTATIVE, I agree to the above conditions for registration. I attest that all statements made on this application are correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
|  Signature:  |  Date:  |
|  Printed Name:  |  Title:  |

DEPUTY AUTHORIZED REPRESENTATIVE

|  |  |
| --- | --- |
|  Signature:  |  Date:  |
|  Printed Name:  |  Title:  |

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1An Authorized Representative is: an official who represents the inspection Agency in all matters related to attaining and maintaining PSQCA’s Registration. This official is PSQCA's point of contact with the inspection Agency. The Authorized Representative may be any senior person in the inspection organization from either the technical or managerial staff. He or she should be in a position of authority to ensure that the

Inspection Agency complies with the PSQCA criteria and conditions for PSQCA’s registration.

Page 3 of 15

*F-01/01, Issue # : 03 Rev #: 00 Issue Date: 20/9/2013*

**SUPPORTING INFORMATION**

1. 1 Attach an up-to-date inspection Agency organization chart and identify, by name, the key personnel involved for each function.

2. If the inspection Agency is part of a larger organization, attach a chart of its position and reporting relationships within that organization.

3. Please include an uncontrolled copy of the current version of your quality manual and any supporting documentation referenced in the assessor checklist(s), i.e. operating procedures and work instructions.

4. Submitting your quality manual and supporting documentation via email or electronically on disc is preferred.

5. Please include a list of all equipment used to support the inspections for which registration is sought, and indicate which of this equipment is calibrated in-house and which is calibrated by a commercial calibration service. Please also include the identity and location of any commercial calibration services utilized.

6. The PSQCA Confidentiality Policy (General Requirements for Registration of Inspection Agencies, Part C, and Section 15) states that all information regarding your application is confidential. To maintain confidentiality regarding an applicant’s status, PSQCA staff will only confirm whether an inspection Agency is or is not recognized. If you would like to waive this policy and allow PSQCA staff to confirm in response to inquiries that your inspection Agency has applied and is in the registration process, please provide the required written permission below.

|  |  |
| --- | --- |
|  | I authorize PSQCA to release information regarding our application status. |
| Initial/Date |  |
|  | I do not authorize PSQCA to release information regarding our application status. |
| Initial/Date |  |

For PSQCA office us e only: MASTER CODE ASSESSMENT NO.

Page 4 of 15

*F-01/01, Issue # : 04 Rev #: 00 Issue Date: 20/9/2013*

|  |
| --- |
| **Application For Registration of Inspection Agency** |

|  |
| --- |
| **Please type or use BLOCK LETTERS** |
| Inspection Agency (IA) Address  |  |
|  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| Tel:  |
| Fax: |
| Person to whom enquiries about this application should be directed  |
| Name of Contact: |
| Designation: |
| Address:  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Tel: |
|  | Fax:  |
|  | E-mail: |
| Details of sub-offices/marketing offices in other cities |  |
|  |
|  |
|  |
| This application is for (tick appropriate boxes) Page 5 of 15[ ]  New registration as an Inspection Agency [ ]  Renewal egistration as an Inspection Agency[ ]  Extension of scope  |

**About Organization/Inspection Agency**

* 1. **Name and position of person authorising for this application**

|  |  |  |  |
| --- | --- | --- | --- |
|  | First Name | Middle Name | Last Name |
| Name |  |
| Designation |  |

**1.2 Name and address of parent organisation (if different from Inspection Agency address on page 1)**

|  |  |
| --- | --- |
| Organisation |  |
| Address  |  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
|  | Tel: |  | Fax: |  |

**1.3 Address for invoicing (if different from IA address on page 1)**

|  |  |
| --- | --- |
| Organisation |  |
| Address  |  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Tel: |  | Fax: |  |

|  |  |
| --- | --- |
| **1.4. Date of Establishment:** |  |
| **1.5. Legal Status** (e.g. Limited company, partnership, local authority, etc.) |  |
| **1.6** Does your organisation carry out inspection work outside Pakistan?  | [ ]  Yes[ ]  No(if yes, please specify the types of inspection works and the countries in which they are carried out) |

**1.7 Is inspection the main activity of the parent organization?**

|  |
| --- |
|  [ ] Yes Page 6 of 15 [ ] No: descrIAe the main activities of the company  |

**1.8 Inspection Agency Type (As defined in ISO/IEC 17020, clause 4.2/Annex A, B & C):**

Please check one:

[ ]  **Type A:**

[ ]  **Type B:**

[ ]  **Type C:**

**1.9 Any Accreditation:**

Please provide details of current accreditation (s) held by your Inspection Agency

|  |  |  |
| --- | --- | --- |
| **Name & address of Accreditation Agency** | **Scope of Accreditation** | **Period of Accreditation** |
|  |  | Start | Expiry Date |
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* 1. **Please list the names, qualifications and relevant experience of the following staff**

**2.1.1 Chief Executive**

|  |  |
| --- | --- |
| Name Qualifications Relevant Experience  |  |
|  |
|  |
|  |
|  |

* + 1. **Quality Management Representative**

|  |  |
| --- | --- |
| Name Qualifications Relevant Experience  |  |
|  |
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Page 7 of 15

* + 1. **Management (if more than three members please attach extra sheet)**

|  |  |
| --- | --- |
| Name Qualifications Relevant Experience  |  |
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| Name Qualifications Relevant Experience  |  |
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|  |
| Name Qualifications Relevant Experience  |  |
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* 1. **Please list the names, qualifications, relevant inspection fields and experience of the Inspectors (Provide the CV’s of all the Inspectors):**
		1. **Inspectors, permanent employees of the company;**

(If required please attach extra sheets)

|  |  |
| --- | --- |
| Name Qualifications ­­­Inspection Field Experience in Relevant FieldPermanent EmployeeSub Contract |  |
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Page 9 of 15

**SCOPE** Please complete the following table as precisely as possible and include, wherever possible, standard methods and specifications involved. These may be Pakistan, other national, international standards or the inspection Agency’s documented procedures. The title of the method or specification, it’s number and date of issue should be listed.

(Use extra sheets if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Description of Inspection(s), including the types of items inspected , for example:Product Design, Products (specified as Materials or Equipment), Installations, Plant, Premises, Processes, Services and Surveys, etc. | Specific Types ofInspection: | Standards/Codes or SpecificInspection Method: | InspectionFrequency per year |
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Page 10 of 15

*F-01/01, Issue # : 010 Rev #: 00 Issue Date: 20/9/2013*

**3.1 Inspection Equipment (If any)**

Please provide the list of equipment used to perform the inspections for which registration is sought and the calibration status of the equipment. (Use extra sheets if necessary)

|  |  |
| --- | --- |
| **Equipment (Name, Made, Capacity etc.)** | **Status of Calibration** |
| **Calibration organization** | **Frequency of Calibration** | **Date of Last Calibration** |
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Page 11 of 15

**DESCRIPTION OF FEES**

Initial Application Fee (Rs. 50000.00) – **One time fee for all new applicant inspection Agencies. Additional facility with scope Rs. 5000 (Additional Rs. 2000 for each scope).**

**Certificate per annum Rs. 5000 for each scope.**

Annual Fee (Rs.30000.00) - **Although Registration is granted for initially one year and renewal for 2 years, an Annual Fee is required every year to continue the registration.**

Assessment Fee (actual cost of assessment **Any will be borne by the registration Agency including Travel (airfare, rental car, or private auto @ allowable rate government rates); and accommodation and miscellaneous (Hotel expenses)**

If there are substantial changes in operations or concerns about the inspection Agency’s performance, reassessment at actual cost may be required sooner than the normal two year interval. Additional inspection categories may be added to an inspection Agency’s scope of registration at any time, but may result in the need for an interim on-site assessment.

**Surveillance Assessment (actual cost of the assessment) – PSQCA** requires that all newly recognized inspection Agencies undergo an on-site surveillance visit at the mid-point of the **first 2**-year registration, period. This surveillance is normally limited to one-day on-site. Future surveillance visits are only arranged when deemed necessary.

**Refund Policy**. The PSQCA Application Fee is non-refundable. If an inspection Agency withdraws the application before completion of the assessment, it may apply for a refund of up to 50 % of the PSQCA annual fee(s). There will be no refund of annual fees after the assessment has been completed. Any withdrawal or refund request must be in writing.

Note: Fees in future years are subject to change. However, annual fee for the registration period will remain same as that, at the time of registration/ full renewal, whichever is applicable.

Page 12 of 15

1 Assessment Time. An assessment of inspection Agency can take from 1 to 4 days, with additional time taken for preparation and report writing. It is to the Inspection Agency’s advantage to be prepared and to help prepare the assessors beforehand. If the quality system documentation is not sent to assessors beforehand, assessors will need additional time at the Inspection Agency’s facility. If the scope of recognition changes significantly as the assessment progresses, assessors will also need more time. If there are significant deficiencies, assessor follow-up time may be charged. PSQCA audits the expenses and pays assessors. Do not pay assessors directly. Do check the assessor's written estimate of assessment costs.

*F-01/01, Issue # : 12 Rev #: 00 Issue Date: 20/9/2013*

***DESCRIPTION OF FEES (Cont.)***

TO INITIATE THE REGISTRAION PROCESS, PLEASE SUBMIT THE FOLLOWING FEES:

Application Fee Calculation Table

|  |  |  |
| --- | --- | --- |
|  | Fees for main or solo facility | Fees for each additional facility |
| Initial Application Fee (for each new Inspection Agency in the system, first year only)*Note: This fee is waived if the applicant facility is already registered with**PSQCA).* | Rs. 50000 | 5000X  **+****Sub Total**  |
| Annual Fee (main or stand alone Inspection Agency)*Note: The annual fee for each branch location is Rs. 5,000.* | Rs.30000 | 5000X **Sub Total** |
|  Certificate Fee | Rs. 5000 |  |
|  | **Total application amount due****for branch system** | Rs. |

Note: Pay order (s) shall made payable to Director, SDC/PSQCA.

Page 13 of 15

*F-01/01, Issue # : 13 Rev #: 00 Issue Date: 20/9/2013*

**CHECKLIST –**

Please use this checklist to review your application package prior to submitting it to PSQCA. Completion of the required items is necessary before your application is considered complete and further processed. Delays will occur if additional or clarifying information is needed. Before mailing your application to PSQCA, have you done the following:

 Identity your Inspection Agency's Authorized Representative?

 Completed INSPECTION AGENCY INFORMATION (page 1)?

 Additional branch Inspection Agencies for Registration? If so, please copy this application for use when the branch Inspection Agencies apply.

 signed CONDITIONS FOR Registration (pages 2 & 3)?

 Complete SUPPORTING INFORMATION (page 4)***,*** DESCRIPTION OF INSPECTIONS (page 5), TECHNICAL STAFF MATRIX (page 8) and attached organizational charts?

 DESCRIPTION OF FEES sheet (page 12), complete Application Fee Calculation Table (page 13) and submitted a payorder made payable to “PSQCA” in Pak Rs. for the appropriate amount. An application cannot be considered until payment, or an arrangement for payment, is made.

 “General Requirements for registration of Inspection Agencies" to ensure a basic understanding of the PSQCA’s registration process and the general criteria.

 “Assessor Checklist: General Criteria for registration of Inspection Agencies”

 Equipment List, with the source of calibration (in-house or commercial) indicated?

Return to PSQCA the following pages the Application and all attachments in response to any question in this application. Please submit the original plus one copy of the completed forms and supplemental information, and a check in the appropriate amount, to PSQCA at the address below**.**

Completed by (Name) Date

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Page 14 of 15

*F-01/01, Issue # : 14 Rev #: 00 Issue Date: 20/9/2013*

DECLARATION BY THE APPLICANT

The Entity’s director / representative with authority to commit the applicant to the requirements for registration should sign this form for and on behalf of the Entity

This section to be completed for applications for:

The Applicant identified below hereby applies to PSQCA to assess the Entity for its eligibility to be registered to provide services specified in this application, having regard to relevant registration criteria and any other conditions or factors that PSQCA considers to be relevant.

The Applicant acknowledges that it has read and understands the PSQCA Terms and Conditions for Registration, available on the PSQCA website www.psqca.com.pk, and agrees to comply at all times,

The Applicant agrees to pay all fees associated with the registration as invoiced.

I declare that informations given in this application are correct to the best of my knowledge and belief. I undertake to inform PSQCA immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to PSQCA timorously.

Name and Signature with official seal of Authorized person.

Page 15 of 15