



Form-01
Application for Occupational Health & Safety (OHS) Certification
System Certification Center(SCC)-PSQCA

SCC/AP-OHS
Issue # : 01
Rev# 00
Date:01-11-2020

To,
Director, System Certification Center (SCC)
Lahore

Title: Application form for Grant of Certification to use the Standard Mark for ISO 45001:2018 Occupational Health and Safety Management System Certification under the PSQCA Act 1996. Contact information provided by the on this form is considered public information.

Section 1 – Business Information-Scope of Applicant Certification

- i. Business
- ii. Scope of Certification
- iii. Address
- iv. Registration
- v. Address
- vi. Status of the Unit: Large/small scale industry/small scale services

Note: a: The description of products/services/range of products/processes filled in business.
b. The photocopy of the certification of incorporation issued by Registrar of Firm/ SECP

Section 2- Contact Information (the composition of my/our factory/unit/ office is as below:

Marketing Contact (public contact that will appear on SCC-PSQCA website, www.psqca.com.pk)

Name

Telephone

Fax

E-Mail

Operations Contact (all other business activity, not including the below activity)

Name

Telephone

Fax

E-Mail

Audit Contact (contact for certification audit activity; including scheduling, preparation & post-audit activity)

Name

Telephone

Fax

E-Mail

Financial Contact (contact for invoices and billing collections)

Name

Telephone

Fax

E-Mail





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Section 3- Detail of Technical Personnel /experts employed:

S/N	Name	Number	Qualification /Job
a)	Permanent personnel covered in the scope of (based on 8 hours/day working)		
b)	Personnel partially involved in the scope of certification		
c)	Number of personnel in (Finance, security, transport, drivers, canteen, gardening etc.)		
d)	Total number of persons in general shift/ shift-01		
e)	Total number of persons in other shifts		

Section 4. Other Information

4.1 Description of category of products or processes for which certification is sought

4.2 Details of any Management System certificate already held and/or assessment held

Signature
Name
Designation
For and on behalf of

Seal of the Firm

Section 5 – Application Fees

Description	Fee Pak Rupees	Mode of Payment	SCC- Receiving
Application Fee/Document Review Fee	10,000/-		
Audit Fee per man day	15,000/-	<input type="checkbox"/> Cheaque	Fees Received
License Fee	5,000/-	<input type="checkbox"/> Pay order	
Annual Fee	10,000/-	<input type="checkbox"/> Online bank transfer	
Surveillance Fee	15,000/-		
Pre-Assessment Fee(Stage-1 Audit)	15,000/-		
Full-Assessment Fee(Stage-2 Audit)	30,000/-		

Note:

- Audit Fee varies on the basis of scope of certification and time consumed by Lead auditor and Technical experts. Normally for one day the charges are 30,000/-Rs. (15,000/- for Lead auditor and 15,000/- for technical expert).
- Deputy Director Audit will send the quotation before performing audit
- Logging, boarding, travel cost, hotel stay and any other cost shall be borne by the client.
- SCC-PSQCA will also facilitate client in integrated management system certification by giving subsidized rates.(only includes the additional cost of technical expert)
- Application & Other Fee will be payable in National Bank Account Titled “PSQCA-System Certification Centre Revenue Account”, Quaid-e-Azam Industrial Estate Lahore.





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Section 6 – Application Agreement

- 1) I/We have designed and developed necessary documentation required (copy enclosed).
- 2) I/We further undertake to modify, amend or alter my/our documented information to bring it in line with the requirements of the relevant standard and/or as required by SCC-PSQCA from time to time.
- 3) I/We agree to pay fee prescribed by the SCC as applicable and as given in the scheme and/or As per the agreement/quotation letter No. _____ dated _____
- 4) I/We have read the conditions of certification and hereby undertake to abide by them as mentioned in the guidelines for applicants.
- 5) Should any initial enquiry be made by the SCC, I/We agree to extend to the SCC all Reasonable facilities at my/our command and I/We also agree to pay all expenses of the said enquiry, as and when required by the SCC.
- 6) I/ We request that the visit for audit of my/our factory /unit/office may be carried out by _____ (indicate date).
 OR
- 7) I/We shall intimate the time, date, suitable for carrying out the visit for audit as soon as I/We are ready for the same.
- 8) Certified that I/We had earlier applied for a certification to SCC for _____ on _____ which could not mature
- 9) I/We undertake that should any of the information supplied above in the application form is found to be wrong, the application may be rejected forthwith.
- 10) Should the certification be granted and as long as it will remain operative I/We hereby undertake to abide by all the conditions of certification and the regulations specified under the aforesaid

(Signature): _____
 (Name): _____
 (Designation): _____
 (Seal of the firm) (For and on behalf of) _____

Documents attached:

1. _____
2. _____
3. _____
4. _____
5. _____

CB Management that completed the application and determined the information to meet all applicable requirements.

Name _____
 Title _____
 Date _____

