



VIETNAM CERTIFICATION CENTRE - QUACERT

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PRODUCT CERTIFICATION SCHEME **APPLICATION FOR CERTIFICATION**

FOR QUACERT USE ONLY:

Client No.:	Code:	Reviewed by:
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1. GENERAL INFORMATION

Organisation Name :

Address :

Organisation's Representative :

Full Name:

Position:

Tel:

Fax:

Email:

Contact Person :

Full Name:

Position:

Tel:

Fax:

Email:

Foundation Date :

Type of Business :

State Owned

Private

Joint Stock

Joint Venture

Partnership

Limited

Foreign

Other

2. CERTIFICATION INFORMATION

Type of Certification :

Initial Audit

Extension Audit

Renewal

Number of Employees :

Total:

Relating to the product to be certificated:

In the main shift, if applicable:

If the organisation has more than one premise or remote location under the registered scope of certification, please specify the Address, Distance between premise and head office, and relevant number of employee relating to product realiation process :

Premise No.01:

Premise No.02:

Premise No.03:

Products applied for certification

Product	Trade mark (*)	Applicable standard	Volume per year	Turnover	Share of turnover



(*) Note: If the Trade Mark was registered, please attach the Registration. If the Trade Mark has not been registered, please register the Trade Mark with an appropriate authority.

Has organisation applied any management system standard? (i.e. ISO 9001, ISO 22000)	: <input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please answer the following detailed questions relating to the quality assurance system:		

Do organisation implement the following activities?		Yes	No
1.	Quality Policy? Quality Objectives? Management Representative?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you de fine responsibilities, authorities and interrelation relating to the quality control of product?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Flowchart of technology process and quality control plan?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Procedure and implementation for document control?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Control of incoming material?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Identification of product, inspection and testing status?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Control of production processes?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Inspection and testing of product?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Procedure and implementation for quality records?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Control of manufacturing equipment, testing and inspection equipment?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Procedure and control of nonconforming products?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Procedure and implementation for corrective and preventive actions?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Control of hadling, storage, packaging, preservation and delivery of products?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Training and maintaining the training records?	<input type="checkbox"/>	<input type="checkbox"/>

Testing capabilities of product to be certificated:

1. Testing equipment:

No.	<i>Equipment</i>	<i>Range of measurement</i>	<i>Accuracy Level</i>	<i>Calibration/Verification period</i>	<i>Last calibration/verification</i>



2. Testing staffs

No.	Name	Qualification	Experiences	Role

3. Environment (Humidity, Temperature):

No.	Characteristics as defined by the applicable standard	Testing method	Testing by	Note

Time proposed for

Pre-Assessment:

Initial Assessment:

3. OTHER INFORMATION

Please let us know :
the consultancy
identity if available

Please let us know :
if you have any other
requests

**We certify that the statements made by us in this form are true and correct to the best of our knowledge.
We have understood and committed to follow all requirements in "Terms and Conditions of Product
Certification" specified by QUACERT (Decision 4465b/2003/QD-QC) based on Decision 49/QD-TDC of
Directorate for Standards and Quality.**

Date Month Year

AUTHORISED REPRESENTATIVE

(Sign and Stamp)