



IAPMO R&T REGISTRATION SERVICES

5001 E. Philadelphia Street, Ontario, CA 91761, USA
Tel: 877-4-MY-ISO-1 or 909-230-5530 Fax: 909-472-4199 Website: www.isoiapmort.org



APPLICATION FOR TRANSFERRING ISO 9001 REGISTRATION

Company: _____ Division of _____
Address: _____
City: _____ State: _____ Zip Code: _____ Country: _____
Website: _____

Management Representative Information:

Name: Mr. Mrs. Ms. _____ Title: _____
Phone: _____ ext. _____ Fax: _____ E-mail: _____

Invoicing Information:

Name: Mr. Mrs. Ms. _____ Title: _____
Phone: _____ ext. _____ Fax: _____ E-mail: _____

Listing Information:

Scope of Registration (description of product/services for which registration is sought as you would like it to appear on your certificate): _____
Describe any exclusions if applicable (e.g. Design, Servicing, etc.): _____

Facility Information:

Size of Facility (square feet): _____ # of Buildings: _____
Hours of Operation: _____ Holiday / Closings: _____
Language of Audit: _____ Translator Available? (if language of audit is other than English): Yes No
What is the total number of employees? _____ (full time: _____ part time: _____)
Number of Shifts: _____
Safety and/or other applicable restrictions (e.g. Limited access areas, steel-toe shoes required, etc.): _____
Who is your current registrar? _____ Certificate expires on: _____
Please give a brief description of reason for transfer (i.e. price, customer service, etc., or write "N/A" for no reason): _____
Is your certificate currently under suspension or under the threat of suspension? Yes No
Was there any non-conformity(ies) found during the last audit? Yes No
If yes, has this non-conformity(ies) been closed by your current registrar? Yes No
When would you like the transfer to take place? ASAP Between these date(s): _____ On or before: _____
Have consulting services been used for the particular standard to be audited in the last two years? Yes No
If yes, please provide the name of the consultant used. _____

Please provide the following information:

Quality manual/procedures. Done, see attached Will send later
Current certificate. Done, see attached Will send later
The latest audit report performed by your current registrar Done, see attached Will send later
A copy of the latest non-conformity(ies) report(s) and the corrective action plan(s). Done, see attached Will send later N/A, none found
Complaint(s) received and action taken. Done, see attached Will send later N/A, none received

By completing this form, the applicant agrees to supply any additional information needed for its evaluation and to comply with the registration requirements. Any information gathered from the application documentation and the quality manual review may be used for the preparation of the on-site audit and will be treated with confidentiality. IAPMO R&T Registration Services Department will provide any necessary explanation when the desired scope of registration is related to a specific program. If requested, additional application information will be provided to the applicant.

Completed By: _____ Title: _____ Date: _____

FOR IAPMO R&T REGISTRATION SERVICES USE ONLY

- Requirements for registration are clearly defined, documented and understood. IAPMO R&T RS has auditor with appropriate scope accreditation.
- Any difference in the understanding between IAPMO R&T RS and the client is resolved. IAPMO R&T RS can meet location needs.
- IAPMO R&T RS has appropriate scope accreditation. IAPMO R&T RS can meet language needs.
- Previous registrar accredited by an accreditation agency that is a member of an EA, PAC, IAAC, or IAF MLA signatory.
- IAPMO R&T RS has verified the validity of the certificate.

Remarks: _____
Reviewed by: _____ Title: _____ Date: _____