



**SRI LANKA STANDARDS INSTITUTION**  
**APPLICATION FOR THE CERTIFICATION OF QUALITY MANAGEMENT SYSTEM**  
 IN ACCORDANCE WITH SLS ISO 9001:2015 STANDARD

The Director General  
 SRI LANKA STANDARDS INSTITUTION  
 No. 17, Victoria Place  
 Elvitigala Mawatha  
 COLOMBO 08  
 SRI LANKA

for office use

DATE RECEIVED	
REFERENCE NUMBER	
NEW CERTIFICATION	
RECERTIFICATION	

I/We hereby apply for the certification of Quality Management System established in

.....  
 [Registered name of the Applicant Organization]

The particulars of my/our organization are given below:

**1. GENERAL:**

1.1. Address (Head Office):

.....  
 .....

Telephone: ..... Fax: ..... E-mail: .....

1.2. Legal status of the organization :

a) Registration authority: .....

b) Registration number: ..... Date: .....

(Attach a copy of the certificate of Business Registration)

1.3. VAT registration number: .....

1.4. If SVAT, SVAT number:

\*\* (Attach SVAT approval letter from the Department of Inland Revenue)

**2. LOCATION(S)/SITES, DEPARTMENTS/DIVISIONS AND THE NUMBER OF EMPLOYEES APPLICABLE FOR THE CERTIFICATION:**

[Please indicate the permanent physical locations (subsidiaries, branches, warehouses etc.) registered under the Applicant Organization, which are to be included in the ISO 9001 certification. **Attach a separate sheet for temporary locations (eg.: Construction Projects)**]

Name and address of the location/site	Name, designation & contact details (Telephone /e-mail) of the representative at each location/site	Departments/Divisions at each location/site (eg.: Management, Design, Production, Quality Assurance, Human Resources, etc.)	Total effective number of employees**
Head Office			
Location 1			
Location 2			

[If required, Please attach a separate sheet]

\*\*The effective number of employees consists of all full time employees involved within the scope of certification including those working on each shift. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number.

2.1. Whether product or service realization processes operate on a shift basis,

Location/Site	Number of shifts in operation	Working hours of each shift	Number of employees working in a shift	Activities carried out in each shift
Head office	1	From..... to .....		
	2	From..... to .....		
	3	From..... to .....		
	4	From..... to .....		
Location 1	1	From..... to .....		
	2	From..... to .....		
	3	From..... to .....		
	4	From..... to .....		
Location 2	1	From..... to .....		
	2	From..... to .....		
	3	From..... to .....		
	4	From..... to .....		

[If required, Please attach a separate sheet]

3. QUALITY MANAGEMENT SYSTEM

3.1. Description of products manufactured and/or services offered: (if multiple sites are available, please specify the products manufactured and/or services offered in each site separately)

Site	Product(s) manufactured and/or service(s) offered
Head office	
Location 1	
Location 2	

[If required, Please attach a separate sheet]

3.2 Scope of QMS implemented, and justification for exclusion(s) of any clause(s) of the ISO 9001:2015 standard:

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3.3 Description of manufacturing process(s) and/or service(s) which has been outsourced to an external party(s):

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3.4 Desired scope of ISO 9001:2015 certification:

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3.5 Type of certification [New Certification or Recertification]:

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3.6 If Recertification:

- a) Date of first certification: .....
- b) Validity period of previous certification: From ..... to .....
- c) Major changes done in the Quality Management System during the previous year [if any]:

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3.7 Quality Management System of the organization is developed by [outside consultant(s) and/or organization itself]:

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**4. ANY OTHER SYSTEMS CERTIFICATION(S) OBTAINED BY THE ORGANIZATION:**

4.1 Other Management systems certification(s) obtained by the organization.

STANDARD	CERTIFIED (YES /NO)	CERTIFICATION BODY
ISO 14001 (EMS)		
ISO 22000 (FSMS)		
ISO 45000(OHSMS)		
ISO 50000 (ENMS)		
HACCP		
GMP		
ANY OTHER (PLEASE SPECIFY)		

4.2 Does the organization hold any Product Certification? Yes No

If yes ;  
Please specify the certification with the type of product and relevant standard:  
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**5. LIAISON OFFICER**

5.1. Chief Executive Officer of the Applicant Organization:

a) Name: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

5.2. Contact person of the organization:

a) Nominee 1 [Name]: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

b) Nominee 2 [Name]: .....  
Designation: .....  
Telephone: ..... Fax: ..... E-mail: .....

**6. LEGAL OBLIGATIONS**

[Please indicate the legal obligations to be abide by the Applicant Organization] (eg.: Food regulations, CAA regulations, NMRA regulations, CEA regulations, , industry specific regulations, compulsory product certifications etc.)  
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**7. DOCUMENTED INFORMATION**

Please submit copies of the following documents along with the duly perfected Application.

- a) Desired Scope of the organization, and justification for any exclusion;
- b) Operational planning and control.

**8. DECLARATION BY APPLICANT**

8.1 I am/We are fully informed and in agreement with the contents of the following documents of the Quality Management System Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement, Audit time determination agreement and Conditions For Use of the Quality Management System Certification Mark.

8.2 Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.

8.3 I/We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at .....

on this ..... day of ..... 20.....

Signature : .....

Name : .....

Designation : .....

For and on behalf of .....

[Name of the Applicant Organization]