

### (I) Filled by Client 由客戶填寫:

Company Name 公司名稱:				
		(Please provide a copy of	Business Regist	ration 請提供商業登記證副本)
Address 地址:				
Telephone No. 電話:			Fax 傳真:	
E-mail 電子郵件:			Website 網站:	
Contact Person 聯絡人:				
	(Position	n 職位:		)

Current System Certification Granted by Other Certification Body ( if any)					
其他認證機構授予的當前認證(注	其他認證機構授予的當前認證(如果有):				
Type of Certification 認證類型	Name of Certification Body	Certification Validity Date	Certification Scope 認證範圍		
(Tick the box where appropriate 請剔選在適當地方)	認證機構名稱	認證有效期			
□ ISO 9001					
□ ISO 14001					
□ ISO 45001					
□ Other 其他					



Certifica	nation on ation Sites 島地資料:	Site 1 場地 1	Site 2 場地 2	Site 3 場地 3
Type of Site 場地性質: (e.g. Office/ Manufacturing Plant/ Warehouse 例如,辦公室/工廠/倉庫):				
Name 名稱 (if applicable)				
Address 地址:				
Telephone Number & Fax Number 電話號碼及傳真號碼: E-mail				
電郵: Contact Per	son			
聯絡人: Approx. Site Area 場地 大約面積 (m² 平方米):				
Number of Production Line 生產線數量:				
Work Shift 輪班	No. of shift 班數:			
(if applicable 如適用)	No. of staff per shift 每班人員數 目:			
Total Number of Staff involved in certification scope 認證範圍人員總數:				
Other Site Information 其他場地資料:				



Eertification Scheme Adopted 申請認證之計劃	(QSF	lity Scheme for the Production and Supply of Concrete PSC Issue 8 2014, HKQAA) 售品質管理局混凝土認證計劃 (QSPSC 第 8 版 2014)		
(Tick the box where appropriate 請剔選在適當地方)	□ Oth	er 其他:		
Product Description / Applied Cer	tificatio	on Scope (產品描述/ 申請之認識	登範圍):	
Current Major Projects 目前主要營	運工程」	項目:		
Project name/ Project Ref. No.		Project Period	Product Models / Other Product Information	
Other Information 其他提供資料:	(Tick t	the box where appropriate <i>請剔</i> 这	<i>選在適當地方</i> )	
Employment of Consultant 聘用顧問	情況			
□ Yes, name of consultant 有,顧問	公司名稱	<b></b>		
□ No 沒有				
Audit Language 審核語言:		□Putonghua 普通話 □English 英語 □Cantonese 粵語		
		□ Other 其他:		
Outsourced Processes (外判程序)		,		
□ No 沒有外判程序				
□ Yes, please describe 有,說明外判情況:				
Expected Date of the Certification 加 期望認證審核日期:	Audit			



Note:

The Applicant has accepted that The Lab (Asia) Limited Certification Department (TLAC) will provide certification services (evaluation) to the Applicant's processes, implementation of management system and production operations according to the requirements of the Product Scheme as specified above, and with the TLAC's Terms and Conditions of Services.

備註:

申請人已同意 The Lab (Asia) Limited Certification Department (TLAC)提供的認證服務,將會對其過程、管理體系的實施和生產操作根據上述產品認證計劃的要求及 TLAC 的服務條款和條件進行審核。

#### For and behalf of Authorized Representative 負責人代表簽署:

Signature 簽署:	Company Chop
	公司蓋章
Name 姓名:	Title 職位:
Date 日期:	

Please return (by post, fax or email) this application form to: The Lab (Asia) Limited

Address: 22 San Hi Tsuen Street, Ping Shan, New Territories, Hong Kong

Tel: (+852) 2470 2588 Fax: (+852) 2470 2589 E-Mail: info@thelab.asia

請將此申請表寄回/ 傳真/ 或電郵至 : The Lab (Asia) Limited

地址:香港新界屏山新喜村街 22 號

電話: (+852) 2470 2588 傅真: (+852) 2470 2589 電子郵箱: info@thelab.asia



### (II) Filled by The Lab (Asia) Limited 由 TLAC 填寫:

(Tick the box where appropriate)

Certification Scheme:			
Type of Audit:			
☐ Certification Audit ☐ Re-certification Audi	it 🔲 Transfer Audit		
☐ Audit for extension of scope			
□ Other:			
No. of Audit Time (man-day) required :			
Evaluation Activities involved in the coming	☐ Audit ☐ Testing ☐ Inspection		
certification:	□ Other:		
Can TLAC provide certification to this application,			
with the stated product scheme? (e.g. check if the	□ Yes		
accreditation is still valid, availability of auditors	□No		
at the requested audit dates)	Remark:		
Note:			
Check carefully if each member of the			
proposed TLAC audit team bears the required			
qualification for the product scheme - e.g.			
QSPSC Auditor shall be a registered CCAA QMS			
Auditor. If the current available auditor to			
form the team cannot meet such the scheme			
qualification requirement, please stop further			
audit arrangement and TLAC may consider to			
turn down this application immediately.			
Is it necessary to employ a Technical Expert (TE)?	□ No		
	☐ Yes, the proposed TE:		
Is it necessary to outsource the testing or	□No		
inspection during the certification processes?	$\square$ Yes, the proposed external provider:		
Other Remarks:			



<u>Conc</u>	<u>clusion</u>				
(Tick	k the box where appropriate)				
	☐ This Application is accepted, and TLAC needs to:				
	$\square$ prepare and issue a Quotation (with the TLAC Terms and Conditions) to the Applicant;				
	<b>Quotation Number:</b>				
	□ pass the case to:	to follow; and to arrange to form an Audit Team:-			
	Lead Auditor:	Auditor(s):			
	T.E.:	Other team member:			
	□ take other action: (e.g. to find a Technical Expert/ Translator)				
<u> </u>	TLAC does not accept this applicati  TLAC does not have the capa activities;  Other:	ion, reason: bility/ competence and to perform the concerned evaluation (auditing)			
	☐ TLAC needs to take following	g actions:			
	☐ Contact the Applicant immediately;				
	☐ Other required action				
Othe	er Remarks:				
Prep	pared by :	Approved by :			
Date	·:	Date :			