Please complete this audit application and attach any relevant supporting information describing the company's scope of operation, e.g. company brochures or publicity material.

S/No.	Company Name:			
1	Registered Address &			
	Business Registratio	n Number:		
2	Audit Address(es):			
	(If different from above)			
3	Company Business:			
4	Office Telephone no.			
5	Authorized Representative			
Name / Contact no:				
6	Email address:			
7	Scope Of Audit:		Construction/	Metal Working/ Shipyard/oil and gas/
			Other Industri	es (Refer to CT 17 ,Annex 2 to
			Appendix 2/Co	omplexity (Note C) High /Medium/ Low
8	Standard(s) to be Au	udited	Code of Practi	ce on Workplace Safety and Health
			(WSH) Risk Ma	anagement.
9	Current Site Activity:		YES / NO (If y	es give site details & Work activities)
10	List of Plant/Equipment/Machinery		Excavator, Ge	nerator, Welding machine, air
	typically in Use:		compressor, s	cissor/ boom lift, Gondola, Crane etc.
			Others:	
11	Any Outsourced Process / Activity		YES / NO (if ye	es, provide details)
12	Language use for Audit & No. of		English	
	Audit			
13	Number of Staff (including sub-cons):			
14	Nature of Works:			
15	Any consultancy provided related to		YES / NO	
	the area to be audit	ed? If Yes, by		
	whom?			
16	Do you have any objection about		YES / NO	
	publishing your com	pany name /logo		
	in our website after	the audit?		
17	Bizsafe Application		NEW /RENEW	AL
		Application 9	Submitted By C	lient
Applicant Name				
Designation				
Signature				Date of Application
Applicant's Company				
Stamp				
Proposed Audit Date				

Application R	eview By AC
---------------	-------------

Any Threats to Impartiality?	YES / NO				
Any known difference in understanding between the APJ CERT and the applicant organization is resolved?	YES / NO / Not Applicable				
Does APJ CERT has the competence and ability	YES / NO				
to perform the audit activity?					
Outcome of Application Review					
Accepted	Rejected/ Declined				
	i. Reason for Rejection?				
	ii. Has the rejection been notified to the applicant?				
	YES / NO				
Number of Auditors Required:					
Number of Audit Man-days / Time Required:					
Name of Application Reviewer:					
Signature:					
Date:					
APJ CERT Company Stamp					

Note: You are not permitted to use of the AO's audit report or testimony or the AO's mark in communication media such as the Internet, brochures or advertising, or other documents.