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**40 Pearse Street**

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**Ireland**

Please provide as much detail as possible on this form to enable us to deliver the best possible quote and customer service to your organisation

|  |  |
| --- | --- |
| How/where did you hear about us? |       |
| Date Application Completed |       |

**General Organisation Details**

|  |  |
| --- | --- |
| Registered Name |       |
| Full Address |       |
| Website |       |
| Telephone |       |
| Email |       |
| Organisation VAT Number |       |

**Organisation Key Contact Details**

|  |  |
| --- | --- |
| Key Contact Name |       |
| Key Contact Role Title |       |
| Key Contact Telephone |       |
| Key Contact Email |       |

**Marketing Permissions**

|  |
| --- |
| Do you **consent to the use of your company data** in the promotion and advertising of OMNI’s services?*For example, we intend to post updates on LinkedIn of the companies we have certified along with news items and case studies on our website and other media platforms.* |
| Yes, I/we consent[ ] No, I/we do not consent[ ]  |

**Required Certification Details**

|  |  |
| --- | --- |
| What standard would your company like to achieve?  | [ ]  EN1090[ ]  EN ISO 3834 |

|  |  |
| --- | --- |
| **EN 1090** | [ ]  Exc. 1 |
|  | [ ]  Exc. 2 |
|  | [ ]  Exc. 3 |
|  | [ ]  Exc. 4 |
| Do you require a **commitment certificate** as evidence of your application for certification(s)? | [ ]  Yes[ ]  No |

**Certification Scope Details**

|  |  |
| --- | --- |
| Please list the main products your company currently manufactures i.e. Structural Steel Buildings, Structural Supports, Structural Product Type, Thermal Cutting etc. |       |
| Please list the main role your products have in the current market |       |
| Please provide details of the **construction sectors or key organisations** you provide services to |       |
| Please select which base materials your products are manufactured from | [ ] Steel[ ] Aluminium[ ] Both[ ] Other, please state: |
| Please provide details of any **design** services undertaken by your organisation in relation to product and service design  | [ ]  In-house design[ ]  We use external design Engineers[ ]  We only design Connections[ ]  Client design[ ]  Other, please state: |
| Please provide details of any **outsourced functions**  |       |
| What sub-contractor(s) services or activities are used, if any, as part of the manufacturing process related to EN1090 (including welding, inspection, non-destructive testing, heat treatment, galvanising, surface treatment, structural design, welding coordination)? |       |
| How do you ensure that the sub-contractor(s) comply with the quality requirements as specified? |       |

**Factory Production Control (FPC) Details**

|  |  |
| --- | --- |
| Do you have a current Factory Production Control (FPC) System in place? | [ ] Yes[ ] No |
| If applicable, how long has your current FPC system been in place? |  |
| Who has overall responsibility for the FPC and its implementation in your company (Please provide contact details)  | Name:      Email:      Phone:       |

**Welding Details**

|  |  |
| --- | --- |
| Who is/are the named Responsible Welding Coordinator(s) (RWC) in your company? |       |
| Is the RWC qualified to EN ISO 14731? | [ ] Yes[ ] No |
| In the case of Stainless Steel (SS), have you identified the applicable steel group (Austenitic, Ferritic, etc)? | [ ] Yes[ ] No |

**Personnel Details**

|  |  |
| --- | --- |
| Please provide a figure for the total **FTE personnel** employed |       |
| Please provide details of the number of **shifts** you operate |       |
| Please provide details of any **remote workers** employed |       |
| Please provide details of any **temporary workers** employed |       |

**Location Details**

|  |  |
| --- | --- |
| Please provide details of the **number of permanent locations** your organisation operates from |       |
| Please provide details of the full **addresses of all permanent locations** your organisation operates from |       |
| Please provide details of the average **number of temporary or customer locations** you operate from at any time |       |

**Impartiality Details**

|  |  |
| --- | --- |
| Please provide details of any **consultants** who have assisted you in achieving conformance with the standard requirements against which you require certification |       |
| Please provide details to the best of your knowledge of any services you have prior received from **anyone involved in the certification activities of OMNI** for whom this may create a conflict of interest |       |
| Please provide details of any other potential threat to the impartiality and integrity of OMNI processes and procedures for certification |       |

**Additional Information**

|  |  |
| --- | --- |
| Please provide details of any **additional details** which may assist our auditor in carrying out your certification audit(e.g. dangerous animals; PPE requirements; interpreter(s) required; security requirements; induction requirements; special requests or requirements; or, any other health and safety risks not covered) |       |
| Please provide details of any additional high-level regulation or standard requirements placed upon your organisation affecting the audit; your preparedness; or the audit outcome |       |
| Finally, please provide any additionally relevant details which you feel have not yet been covered |       |

**EN ISO 3834 Additional Information**

|  |  |
| --- | --- |
| Names of RWC(s) | Details:       |
| EN ISO 3834-2:2021– Comprehensive Quality RequirementsEN ISO 3834-3:2021– Standard Quality Requirements EN ISO 3834-4:2021– Elementary Quality Requirements | [ ] [ ] [ ]  |

**Integration Additional Information**

*For all standards applied for in this application please answer the following:*

|  |  |
| --- | --- |
| A - Do you have an integrated documented system? | [ ]  Yes[ ]  No |
| B - Are all standards applied for here covered under each management review together? | [ ]  Yes[ ]  No |
| C - Do you integrate your audit process? | [ ]  Yes[ ]  No |
| D - Do you integrate your policies and business objectives? | [ ]  Yes[ ]  No |
| E - Do you take an integrated approach to system processes? | [ ]  Yes[ ]  No |
| F - Do you take an integrated approach to corrective, preventive and improvement actions and measurement? | [ ]  Yes[ ]  No |
| G - Do you have integrated management support and responsibilities within the organisation? | [ ]  Yes[ ]  No |

**Transfers**

If you are intending to transfer an existing Certification to OMNI Assured Certification International Ltd. from another certification body, please complete the following section fully.

You will also be required to provide additional documentary evidence of your previous certification including but not limited to your certificate(s), audit report(s) dating back to the previous certification decision

Required Transfer Details

|  |  |
| --- | --- |
| Are your current certificates **UKAS or INAB accredited** | [ ]  Yes[ ]  No |
| Please provide details of the **certification body** you are currently registered with |       |
| Please provide the **expiry date(s)** of your current certification(s) |       |
| Please provide details of the **type of audit** you are next due to have | [ ]  Surveillance[ ]  Recertification |
| Please provide any details of **changes to your organisation** since it was last scoped by your previous certification body |       |
| Please provide details of your **reason** for transferring certification |       |

*Thank you for completing our application.*

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