



# BOTSWANA BUREAU OF STANDARDS

Member of International Organization for Standardization (ISO)

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**MSC/PROC06.A03**

**Issue No.: 02**

## APPLICATION FOR CERTIFICATION OF A MANAGEMENT SYSTEM

**Please ensure that you are familiar with the BOBS Management Systems Certification Scheme, and have completed the Pre-Application Questionnaire MSC/PROC06.A02 prior to filling this form. Application fee must be paid in advance or must accompany the application.**

**This form should be completed in full and returned to the Managing Director, Botswana Bureau of Standards, Private Bag BO 48, Gaborone.**

### Part 1: General

Name of Applicant: .....  
(full names of a person authorized to make declarations on behalf of the company)

Applicant's Designation:.....

Name of Organization: .....

Certificate of Incorporation:.....

#### Address of the Organization:

.....  
(postal address)

.....  
(telephone) (facsimile) (email)

.....  
(physical address/plot number)

Contact person (i.e. Management Representative): .....

### Part 2: Information about the Organization

2.1 Describe the main activities/sections of the organization:  
.....  
.....

2.2 Certification required for Whole Organization:  or Section(s) of the Organization:

If Section(s), please underline those sections/activities above.

2.3 List all outsourced activities/processes, if any: .....

2.4 Does the organization have other branches/divisions at other locations: .....

If so, specify the sites/locations, their business activities and staff compliment:

Branch/division/site and location	Business activity	Staff Compliment

*(Please tick those branches/divisions/sites which would be covered by the certification being sought)*

2.5 Total Number of Employees for sites/areas seeking certification: .....

2.6 Do you operate a Shift System?.....

2.7 What proportion of workforce is on shift?.....

**Part 3: Management System**

3.1 Scope of Certification applied for:

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3.2 How long have you been operating your Management System? \_\_\_\_\_ months

3.3 How many Internal Audits, covering the whole organization, have you done? \_\_\_\_\_

3.4 How many Management Reviews have you done? \_\_\_\_\_

3.5 Any consultancy services used in setting up the management system? Yes/No *(tick as applicable)*

**Part 4: Criteria against which certification is sought**

4.1 Standard *(tick where applicable)*

- BOS ISO 9001:2008, Quality Management Systems – Requirements
- BOS ISO 14001:1996, Environmental management systems – Specification with guidance for use
- BOS 61: 2002, Occupational health and safety management systems – Specification
- Other areas/standard(s) \_\_\_\_\_

4.2 Documentation:

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4.3 Are your organization’s activities, product(s) and services subjected to any laws, regulations, permits, licences and any official authorizations? State the laws, regulations, permits, licences, etc.

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**Part 5: Application Package**

5.1 The following is enclosed with the application *(please indicate below)*:

<b>Copy of the Manual</b>	
<b>Completed Pre-Application Questionnaire</b>	
<b>Organogram indicating the structure of the areas/sections to be certified</b>	
<b>Application fee or proof of its payment</b>	
<b>Signed contract BOBS/MSC/03</b>	
<b>Other documentation <i>(specify any other attached to the application form)</i></b>	

**Part 6: Declaration** *(to be completed by the person authorized to make declarations on behalf of the company)*

I, the undersigned, declare the information given in this application correct to the best of my knowledge and belief. I undertake to inform BOBS immediately of any changes with respect to the application and accept full responsibility of any costs incurred as a result of any changes not reported to BOBS timeously.

We understand how BOBS undertakes the certification process, and are familiar with the standard(s) and other criteria against which the certification is sought. Upon certification our organization agrees to comply with the BOBS Management Systems Certification Scheme.

We undertake to pay the prescribed fees and to abide by the Act.

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*(Name & Signature of Applicant)*

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*(Date: year / month / day)*

**FOR OFFICIAL USE** *(to be completed by BOBS officer reviewing the application)*

Application reviewed by:

\_\_\_\_\_  
(name & signature)

\_\_\_\_\_  
(date)

**Comments by Reviewer:**

**Note:** *Comments should address the following:*

- *Is information provided by organization sufficient for the conduct of the audit?*
- *Has the organization been provided with a copy of the Scheme?*
- *Has the application fee been paid?*
- *Does BOBS have the competency and ability to perform the certification activity?*
- *Have the scope of certification, the location(s) of organization's sites, time required for the audit, and other factors (i.e. language, safety, impartiality) been defined?*
- *Have the exclusions been defined and justified?*

Based on the review and comments thereafter, the audit activity will be:

Undertaken

Not undertaken