



BOTSWANA BUREAU OF STANDARDS

Member of International Organization for Standardization (ISO)

Plot No.55745, Main Airport Road, Block 8, Gaborone, Private Bag BO 48, Gaborone, Botswana
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MSC/PROC06.A23

Issue No.: 01

APPLICATION FOR MODIFICATION OF SCOPE OF CERTIFICATION

We hereby apply for extension/reduction of our current scope of certification.

We know the terms and conditions of the BOBS Management Systems Certification scheme. We also understand that specific conditions may be prescribed for our type of business.

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

Application fee must be paid in advance or must accompany the application.

Part 1: Details of Certified Organization

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:.....

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

.....
(postal address)

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

Contact person (i.e. Management Representative):

Part 2: Details of the current Certification Licence

Current Scope of Certification:.....

Management System Standard (tick where applicable)

- BOS ISO 9001:2000, 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) _____

Certification Licence No.:.....

Validity period:.....

Part 3: Details of the extension/reduction

New Business Activity:.....

Proposed Scope of certification:.....

Full official name(s) of section(s) to be added/removed from the scope:

Branch/division/site and location	Business activity	Staff Compliment

If extension, how long have you been operating your new Management System?.....month

How many Internal Audits, covering the whole organization (including extension), have you done?.....

Total Number of Employees:.....

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

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

Part 4: Legal requirements

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

The following is enclosed with this application (please indicate below):

Copy of revised Manual	
Organogram indicating the structure of the areas/sections to be covered in the Scope of Certification	
Application fee or proof of its payment	
Other documentation (specify any other attached to the application form)	

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 continue to comply with the BOBS Management Systems Certification Scheme.

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

(Name & Signature of Applicant)

(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:

All correspondence to be addressed to the Managing Director