



## IECQ Certification Application

\*For IECQ certification applications, "3. Product Information" and "4. Test Sample Delivery and Return" on page 1 of the application form may be left blank.

7 Application Details	
Application type	New      Modification (Modification details: _____ )
Desired certification/ applicable standards : IECQ standards	IECQ-AP process certification (applicable standard: IECQ03-2) IECQ-AC component certification (applicable standard: IECQ03-3) IECQ-ITL independent testing laboratory certification (applicable standard: IECQ03-6)
Desired scope of Certification	(1) For factories/organizations: (a) Name of factory or organization to be certified: ( _____ ) (b) Address of factory or organization to be certified: ( _____ - _____ ) ( _____ )  Excluded items in ISO 9001 (for IECQ-AP or AC scheme)  (2) For processes and components:  If the process is partially subcontracted, Names, locations of subcontractor, names of subcontracted process and the proportion to whole process.
Utilization of report issued by other organization	Yes      No
Required documents	· Company profile · Factory/organization profile(including all related factories and organizations) · Designated Management Representative (DMR) profile · Quality manual · Management review procedure · Component testing information for electrical component certification (Attachment 1) · Internal assessment procedure · Corrective/Preventive action procedure · Process manual · Report to be utilized
There are no designated formats for 1) Company documentation, 2) Factory/organization documentation (including all related factories and organizations), and 3) Designated Management Representative (DMR) documentation. But please include the following information:	1) Total capital, CEO name(s) (including executives of factories/divisions), and number of employees ( _____ )  2) Factory/organization name, location, history, approximate layout of relevant buildings, the monthly output of relevant products for the past 12 months, the monthly output of the product to be certified for the past 12 months, number of employees (for multiple locations, please provide this information for each factory/organization). ( _____ )  3) Name, date of birth, contact information, job title, name of managed component category or type, education history, job history, qualifications (please focus on quality management, quality assurance, and product inspection related work in the job history. If an alternate DMR will also be designated, please include the same information for the alternate DMR.) ( _____ )
Testing location	My own facilities      JQA designated labs      Other
Note: If the applicant has not signed a certification contract and the applicant and signee of the contract will be different people, please enter the details of the contract signee. We will draw up the certification contract using this information	Company name:  Address:  Department, job title:  Name:
Past report / reference numbers relevant to this application	JQA Reference No.: ( _____ ) Report No.: ( _____ )
Other comments (if any)	