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**BHUTAN STANDARDS BUREAU  
MANAGEMENT SYSTEM CERTIFICATION SCHEME  
RENEWAL APPLICATION FORM**

The Head,  
Bhutan Standards Bureau,  
Thimphu, Bhutan.

Sir/Madam,

I/We, (Name of the person or the organization in full) -----  
have been engaged in the business in the address as below and I/We are applying for renewal of management system certification in conformity to the Bhutan Standards and according to Bhutan Standards Act 2010 as described below:

**1. Name of the firm**

|  |
|--|
|  |
|--|

**2. Scale**

|        |  |               |            |  |
|--------|--|---------------|------------|--|
| Large  |  | <b>Sector</b> | Government |  |
| Medium |  |               | Private    |  |
| Small  |  |               | Corporate  |  |

**3. Address**

**Office**

|  |
|--|
|  |
|--|

|           |  |
|-----------|--|
| Telephone |  |
| Fax       |  |
| Email     |  |
| Website   |  |



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|  |                      |  |
|--|----------------------|--|
| <b>Factory</b><br><i>(for manufacturers)</i> | <b>Address</b>       |  |
|  | <input type="text"/> |  |
| Telephone                                    | <input type="text"/> |  |
| Fax  | <input type="text"/> |  |
| Email  | <input type="text"/> |  |

**4. TOP MANAGEMENT**

| Sl.No | Name | Designation |
|-------|------|-------------|
|       |      |             |
|       |      |             |
|       |      |             |
|       |      |             |
|       |      |             |



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**5. TECHNICAL MANAGEMENT**

| Sl.no | Name | Designation |
|-------|------|-------------|
|       |      |             |
|       |      |             |
|       |      |             |
|       |      |             |
|       |      |             |

| Contact persons<br>(email and<br>contact<br>numbers) | Name | Contact number | Email Id |
|--|------|----------------|----------|
|  |      |                |          |
|  |      |                |          |

**6. SCOPE OF MANAGEMENT SYSTEM CERTIFICATION**

| Category (tick appropriate category )           |  |         |  |         |
|---|--|---------|--|---------|
| Product   |  | Process |  | Service |
| Scope<br>(use separate<br>sheet if<br>required) |  |         |  |         |
| Standard for which<br>certification is sought   |  |         |  |         |



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|  |                     |          |            |
|--|---------------------|----------|------------|
| Installed Capacity<br>( per annum )<br>if applicable   | Units of production | Quantity | Value (Nu) |
| Legal Obligations if any   |                     |          |            |
| Foreign collaboration if any   |                     |          |            |
| Outsourced processes if any  |                     |          |            |
| Consultancy services for the management system to be certified (if any)  |                     |          |            |
| Name and complete address of the consultancy firm if consultancy services are availed.   |                     |          |            |
| Number of shifts   |                     |          |            |
| Total number of employees<br><i>(Consists of all full time personnel involved within the scope of certification including those working on each shift. Temporary and contracted personnel and part time personnel who will be present at the time of the audit shall also be included in this number.)</i> |                     |          |            |

**7. Documentation**

The following additional documents are required to be submitted with the application:

- Valid trade license issued by the Department of Trade
- Trade mark registration issued by the Ministry of Economic Affairs

|                          |               |                       |             |
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- d) Calibration certificates establishing adequacy of metrological capability of the test and measuring equipment
- e) List of human resources (regular, temporary, contracts) with names and designations.

**Note:**

1. The Stage 1 audit (documentary review) will be conducted either on-site or off-site. The client organization will be intimated before this takes place – *for new applications*.
2. Stage 2 audit will be conducted after satisfactory completion of the stage 1 Audit. The client organization will be intimated before this takes place along with the audit plan.
3. Surveillance audit will take place at least once a year and surprise visits will be carried out by BSB at its own discretion.

**Declaration:**

I/we hereby declare that the information furnished above is true and complete. I understand that any false or inaccurate information shall render my application invalid, or shall result in cancellation of Certification if it is already granted.

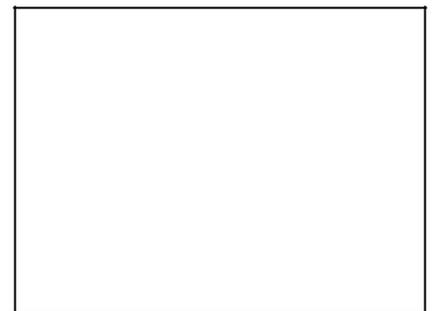
Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Seal of Firm



*The Application must be signed by the CEO of the firm or authorized representative in his absence*

|                          |               |                       |             |
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