RTMS APPLICATION FORM

THANK YOU FOR CHOOSING JCA

We believe in building trusted relationships through exceptional service and appreciate the opportunity to quote on your ISO/SANS certification requirements. We hope this marks the beginning of a long and fruitful partnership.

SECTION 1

Kindly tell us more about your organisation

Company Name _____

Registration Number _____

VAT Number _____

Physical Address _____

_____

Telephone Number _____

Representative Details

Representative Name _____

Designation/Title _____

Email Address _____

Contact Number _____

Judah Compliance Auditors CC,
Block D, Suite 12, Hilltops Office Park,
73 Villiers Drive, Clarendon, Pietermaritzburg, 3201
CK No. 2008/123646/23 Vat No. 4240267254
Private Bag X6, Box 273, Cascades, 3202
www.jcauditors.com

Type of Application

☐ Initial Application ☐ Extension of Scope ☐ Recertification ☐ Transfer of Certification

SECTION 2

Management System Information

Does the company have any of its processes outsourced? Yes ☐ No ☐

If yes, specify :

Is the company certified to any other standard? Yes ☐ No ☐

If yes, specify :

☐ RTMS SANS 1395-1 ☐ ISO 22000
☐ ISO 9001 ☐ ISO 13485
☐ ISO 14001 ☐ ISO 3834
☐ ISO 45001 ☐ Other:

Are systems integrated? Yes ☐ No ☐

Did the company use a consultant? Yes ☐ No ☐

If yes, specify :

Audit Scope & Company Processes

Audit Scope :

Target date for audit :

Products/Services Provided :

Subcontracted Activities :

Language used during audit :

Translator required for the audit : Yes ☐ No ☐

Any specific cultural requirements : Yes ☐ No ☐

If yes, specify :

Any additional information :

Additional Standards Required:

- ☐ ISO 9001
- ☐ ISO 14001
- ☐ ISO 45001
- ☐ ISO 22000
- ☐ ISO 13485
- ☐ ISO 3834
- ☐ ISO 39001
- ☐ ISO 27001

SECTION 3

Transfer of Certification *(only applicable for transfer of certification)*

Current certification body :

Transfer planned with current certification cycle ☐ Transfer planned at recertification ☐

Recertification date :

Reasons for transfer :

■ *Please provide certificate and audit reports from previous audits (including non-conformances) with previous certification body.*

SECTION 4 *(* Mandatory Section - Kindly complete all fields)*

No. of Motorised Vehicles :

Total Number of Drivers :

Primary Scope : Other

Road Transport Sector : Other

Provincial / National / Cross-Border

Head Office *(Main Site)*

Site Address :

Effective personnel :

Are all functions centrally managed by head office? Yes ☐ No ☐

How many sites will be certified in total:

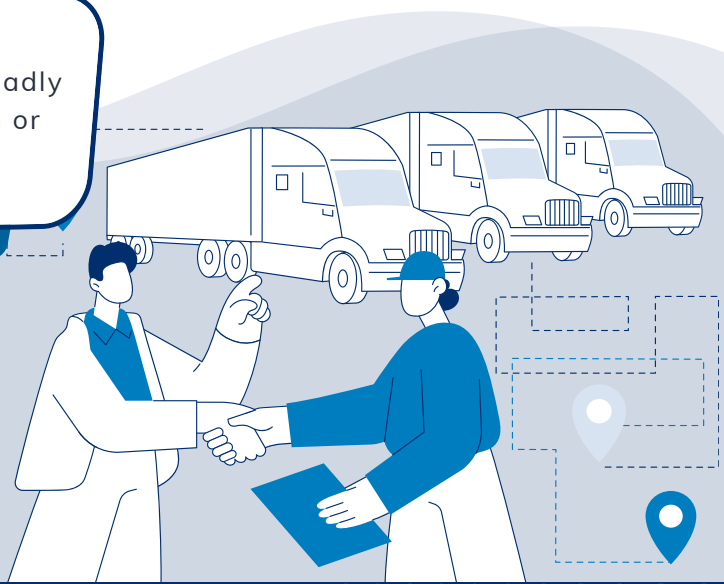
Multi-Site

No.	Site Address	Effective Personnel	No. of Vehicles
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Thank you for taking the time to complete our application form

SUBMIT

Our team of technical experts will gladly assist with any further information or guidance required



www.jcauditors.com

info@jcauditors.com

+27 87 550 0212