

Application for a Quality Program Review

This Application form must be filled in completely and returned to the Authority with payment. Failure to do so may result in a delay in the processing of your application. Please refer to **LIB-0003** Client Authorization Payment Form for payment options. You can download all forms at www.tsask.ca

LIB-2004

I. Company Information

Company Name: _____		
Address: _____		
<small>(Apt/Street)</small>	<small>(City, Prov)</small>	<small>(Postal Code)</small>
Work Phone: ()	Cell Phone: ()	Fax: ()
Contact Name _____		
<small>(Surname)</small>	<small>(First Name)</small>	
Email Address: _____		Position: _____
<p>To the best of my knowledge, this application and all supporting documents are accurate. I understand that a false or misleading statement in this application or in any of the reference or other evidence of qualification submitted by myself or on my behalf may result in the Chief Inspector denying this application.</p>		
_____ <small>(Signature of Applicant)</small>		_____ <small>(Date - YYYY MM DD)</small>

II. Company Information

This application is for: (Please check one)		
<input type="checkbox"/> Quality Control Program	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal
<input type="checkbox"/> Quality Management System	Fee for Review: \$397.95 <small>(includes \$18.95 GST)</small>	QCP - _____
<input type="checkbox"/> Quality Program Revision	Fee for Review: \$430.50 <small>(includes \$20.50 GST)</small>	QMS - _____
	Fee for Review: \$96.60 <small>(includes \$4.60 GST)</small>	_____

III. Submission Information

Please include the following with this completed application form:

- Two controlled manuals with one being assigned to the Technical Safety Authority of Saskatchewan.
- Full payment for the review of your program.

IV. Office Use Only

Reviewed by _____	_____
	<small>Date</small>
Revenue Code 510-433203	