[ ]  Initial Request [ ]  Modification to your recognition

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Designation of the company, the organization or establishment requiring recognition**

|  |  |
| --- | --- |
| Legal name of company or organization: |       |
| Québec Enterprise Number(1): |       |
| Addess: |       |
|  |       |
| City: |       | Province, state or other: |       | Postal Code: |       |
| Country: |       | Telephone: |       | Ext.: |       | Fax: |       |
|  |  |  |  |

 |
|  **B. Person in charge of the signature of BNQ Service contract**

|  |
| --- |
| Correspondence language: English [ ]  French [ ]  |
| Name: [ ]  Mr. [ ]  Ms. |       | Email: |       |
| Name of company or organization: |       |
| Same address as *A* [ ]  or: |       |
| City: |       | Province, state or other: |       | Postal Code: |       |
| Country: |       | Telephone: |       | Ext.: |       | Fax: |       |
|  |  |  |  |

 |
|  **C. Person in charge of invoice payment**

|  |
| --- |
| Correspondence language: English [ ]  French [ ]  |
| Name: [ ]  Mr. [ ]  Ms. |       | Email: |       |
| Name of company or organization: |       |
| Same address as *A* [ ]  or *B* [ ]  or: |       |
| City: |       | Province, state or other: |       | Postal Code: |       |
| Country: |       | Telephone: |       | Ext.: |       | Fax: |       |
|  |  |  |  |

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|  **D. Person in charge of follow-up on corrective actions requested by BNQ**

|  |
| --- |
| Correspondence language: English [ ]  French [ ]  |
| Name: [ ]  Mr. [ ]  Ms. |       | Email: |       |
| Name of company or organization: |       |
| Same address as *A* [ ]  or *B* [ ]  or *C* [ ]  or: |       |
| City: |       | Province, state or other: |       | Postal Code: |       |
| Country: |       | Telephone: |       | Ext.: |       | Fax: |       |
|  |  |  |  |

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|  **E. Person in charge for the BNQ’s inspection visits (if applicable)**

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| --- |
| Correspondence language: English [ ]  French [ ]  |
| Name: [ ]  Mr. [ ]  Ms. |       | Email: |       |
| Name of company or organization: |       |
| Same address as *A* [ ]  or *B* [ ]  or *C* [ ]  or *D* [ ]  or: |       |
| City: |       | Province, state or other: |       | Postal Code: |       |
| Country: |       | Telephone: |       | Ext.: |       | Fax: |       |
|  |  |  |  |

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*(1) As it registered with the "Registraire des entreprises du Québec" (REQ) for companies operating in Québec.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  **F. If applicable, name and contact details of the consultant hired**

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|       |
|       |
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|  **G. List of trainings for which recognition is requested (reference: chapter 2 of the BNQ 3009-900 recognition document) and associated costs.** (Please check where appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of trainings to be recognized** (Reference: chapter 2 of the BNQ 3009-900 recognition document) | **Number of trainings to be recognized (NOTE 1)** | **Number of trainers proposed by training (NOTE 1)** | **Subtotal of supplements by training, if applicable ($)** |
| **1st** | **2nd** | **3rd** | **4th** | **5th** | **6th** | **1st**  | **2nd**  | **3rd**  |
| **included** | **+ $ 165 or + $ 230AS APPLICABLE, FOR EACH ADDITIONAL TRAINING** | **included** | **+ $ 230 FOR EACH ADDITIONAL TRAINER** |
| MOLD | [ ]  | Contamination investigation (chapter 5 of BNQ 3009‑600 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| [ ]  | Rehabilitation of the building(chapter 6 of BNQ 3009‑600 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| [ ]  | Contamination investigation and rehabilitation of the building (entire BNQ 3009-600 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| MERULA | [ ]  | Contamination investigation (chapter 5 of BNQ 3009‑610 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| [ ]  | Decontamination and corrective work (chapter 6 of BNQ 3009‑610 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| [ ]  | Contamination investigation and decontamination and corrective work (entire BNQ 3009-610 standard) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |  | Subtotal of all supplements:  |       |
|  |  |  | Basic Fee:  | $710.00 |
|  |  |  | Total (to be paid as a non-refundable deposit, plus tax): |       |
| **NOTE 1 :**Policy for establishing recognition fees according to:* the number of trainings covered by the request for recognition and
* the number of trainers proposed for each of the requested training,

and this, for recognition requests submitted at the same time using this form. |
| Basic costs (one training including one trainer): | $710.00 |
| Supplement for each additional training requested comprising 1 chapter:  | $175.00 |
| Supplement for each additional training requested comprising 2 chapters: | $230.00 |
| Supplement for each additional trainer presented for a given training:  | $230.00 |

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|  **H. A recognition letter will be provided in French. A translation of this document may also be provided in English, upon request.**

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| Do you also want a translated version in English? Yes [ ]  No [ ]  |
|  |  |  |  |

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|  **I. Documents required in the recognition document when applying for recognition**

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| --- |
| I enclose with this request all the documents required for each of the training courses to be recognized (see section G), as mentioned in the recognition document BNQ 3009-900 (it is understood that the BNQ will treat this information in a strictly confidential manner.)Yes [ ]  No [ ] : please justify:       |
|  |  |  |  |

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| **J. General information**

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| --- | --- |
| Do you currently hold any other accreditations/certifications?(ISO/IEC 17025, ISO 9001, ISO 14001, etc.) | [ ]  Yes [ ] No |
| If yes, according to which standard |       |
| What is your accreditation/certification body? |       |
| Would you be interested in being contacted by a BNQ representative to analyze the different accreditation/certification options? | [ ]  Yes [ ]  No |
| Do you use the help of a consultant? (Name and company): |       |
| How did you hear about the BNQ? | [ ]  BNQ Website[ ]  Consultant[ ]  Social networks (e.g.: LinkedIn)[ ]  Advertising[ ]  Other:       |

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Having reviewed the applicable requirements relating to the recognition program covered by this recognition request:

* the client requests recognition of the aforementioned training(s).
* the client acknowledges having read and undertakes to comply with the conditions of the applicable standard and of the recognition document BNQ 3009-900 as an integral part of the requirements of this request.
* the client agrees to comply with these requirements and provide the BNQ or its representatives with any information required for the assessment.
* the client agrees to pay to the BNQ a non-refundable amount, plus tax, if applicable, to cover the cost for the work necessary for the recognition, payable upon the signing of this application.

**PAYMENT TERMS**

You will find below the method of payment required for this recognition program (by check, credit card [Visa or MasterCard] or by bank transfer).

|  |
| --- |
| GST Registration no.: 862834439 RT 0001; QST Registration no.: 1013387857 TQ 0001. |
| [ ]  Check or money order (payable to the order of Bureau de normalisation du Québec) |
| [ ]  Visa [ ]  MasterCard |
| Card no.: |       (16 digits) | Expiration date: |       | / |       |
| Security code (3 digits on back of the card):  |       |  | Month |  | Year |
| Name of Card holder: | [ ]  Mr. [ ]  Ms. |      (in capital letters) |

[ ]  Please note that if you wish to pay by bank transfer, it is essential for the BNQ that you send us a NOTICE OF PAYMENT indicating the name of your company in reference to your payment in order to apply your deposit (the bank transfer form is attached to the recognition form).

|  |
| --- |
| *The contact details for sending this document can be found at the end of this application for recognition.* |
|       |  |      |  |    |  |    |
| **Applicant Name** (*in capital letters*) |  Year Month Day |

**Applicant Signature**

Encl. Bank Transfer Form.